



**GLOUCESTERSHIRE  
COUNTY COUNCIL**

**ANNUAL REPORT**

**of the County Medical Officer  
of Health and Principal School  
Medical Officer \_\_\_\_\_**

**1968**



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## TO THE CHAIRMEN AND MEMBERS OF THE HEALTH AND EDUCATION COMMITTEES

I have pleasure in presenting the combined Health and School Health Service Report for the Administrative County for the year 1968. It has been the practice in the past to publish separate reports for the Health and School Health Services, and this is the first combined report. Apart from lowering the total cost, a combined report gives a more comprehensive picture of the health of the County, and there is no arbitrary separation of the work and responsibilities of staff who are engaged on mixed duties.

The retirement of Dr. Bramley on 8th August, 1968, brought to an end nearly twenty years of conscientious service in the County Health Department. His wide knowledge of the statutory and voluntary services; his long experience and his extraordinary memory have been sadly missed. I took up duty in the Department on 5th August, three days before Dr. Bramley's retirement, and I would like to record my appreciation of the help and encouragement which he gave to me during this change-over. The staff of the Department joined me in wishing him a long and happy life with his charming wife in a well-deserved retirement.

The continuity in the administrative leadership of the Department was further disturbed by the departure of the Deputy County Medical Officer and Deputy Principal School Medical Officer, Dr. W. Davidson-Lamb, who left at the end of August, 1968, to become a Divisional Medical Officer with Cheshire County Council. We were fortunate, however, in the appointment of Dr. Roy Barnes from Buckinghamshire to the post of Deputy. Dr. Barnes took up his duties on 1st October, 1968, and his friendliness and quiet competence have already made him a much liked and respected member of the Department.

### Statistics

Apart from 1967 when nine parishes from Gloucester Rural District were transferred to the City, the population of the Administrative County has risen steadily year by year. The population is now 20% greater than it was twelve years ago, and this increase is due mainly to new residents coming into the County.

The birth rate continued to fall from its peak in 1965 and is now almost the same as the figure of ten years ago. There has been a welcome reduction, compared with last year, in the proportion of the births which were illegitimate.

The crude death rate is the number of people who died during a year per thousand of the population, and when it is adjusted for the age and sex structure of the population it is called the adjusted death rate, and can then be used for purposes of comparison. The adjusted death rate for the Administrative County (10.9) shows a slight rise compared with the previous year (10.7), but compares very favourably with the figure for England and Wales (11.9).

The infant mortality rate is the number of infants dying under one year of age, for every thousand born alive. The rate for 1968 is the lowest ever recorded in the County and reflects great credit on all who are concerned with the maternity and child welfare services, both inside and outside hospital.

The number of deaths from respiratory tuberculosis was slightly less than in the previous year and, apart from a temporary rise in 1965, the figures show a general downward trend over the last ten years. The lower incidence of the overt disease and the improvements in the treatment of the established case, have made it possible to propose that the County's scheme for supplying free milk to tuberculous patients be discontinued.

In contrast to the decline in the number of deaths from tuberculosis of the lung, the deaths from cancer of the lung rose to the highest figure ever recorded in the County. It is disturbing to find that the figure is 66% higher than that recorded only ten years ago. As in previous years the death rate from this disease began to rise from the age of 45 onwards, and in 1968 about half the deaths occurred prior to retiring age. Since heavy cigarette smoking is the principal factor associated with this disease, these figures give some indication of the tragic waste of human life and community resources occasioned by the habit. It behoves all of us who are concerned with the welfare of young people, and particularly teachers, youth leaders, doctors and nurses, to set a personal example.

### **Health Centres**

Thornbury Health Centre was completed during the year. Details of the services available at the centre are set out later in this report. This is the first purpose-built health centre in the County to provide general practitioners with main surgery premises, and the planning and operation of it has clearly indicated the mutual respect and goodwill which can develop between general practitioners and local authority staff.

### **Dental Services**

The detailed Report of the Principal Dental Officer (Mr. J. F. A. Smyth) shows the progress made in the year, particularly in the field of dental health education. I also commend to Members Mr. Smyth's observations on fluoridation. Every dental, medical and scientific organisation in this country which has considered the matter has wholeheartedly recommended the fluoridation of public water supplies. It is sad to reflect that a County Council so well-known for its forward-looking policies has so far failed to adopt this beneficial measure. There is no other single measure which would so quickly and so economically raise the dental fitness of our children.

### **Computer**

In his Annual Report for 1967, Dr. Bramley mentioned the scheme which has operated since 1st January, 1967, whereby all births are recorded on computer. Wide interest has been shown in our scheme, which has been of particular value in following up those children considered to be at risk of a potential handicap. This year, reminders have come automatically from the computer when children have not received vaccination or immunisation according to age, thereby facilitating follow up of them by Health Visitors. The format of the record now enables hospital admissions and reference numbers to be included, which is a step towards a more integrated medical record.

From 1st January, 1968, Gloucester City and Cheltenham Municipal Borough joined the scheme, using the same programmes. We look now to further extensions, to include dental and school health records.

### **Health Visiting**

The scheme for the attachment of health visitors continued, and by the end of the year about half of the health visitors on the establishment were attached to general practitioners. These attachments appear, in general, to be working excellently, and have improved the effectiveness of both the doctor and the health visitor, with resulting benefit to the patients.

### **Ambulance Service**

It will be seen from the County Ambulance Officer's report that the fleet carried 9.7% more patients in 1968 than in 1967 with a corresponding increase in mileage. This increase is due principally to earlier discharges from hospital and higher out-patient attendances. The cost of the Ambulance Service has thus risen sharply. The public can best help by making their own arrangements to attend out-patient clinics when they are well enough to travel either by public transport or by private car.

In order to improve the efficiency of the Service arrangements were made during the year to transfer to Gloucester the radio control station at Stroud. This transfer took place on 2nd October, 1968, and is working well.

### **Voluntary Organisations**

Although not immediately evident from this annual report, the Council's statutory services have again been strongly supported by the many voluntary organisations concerned with health and welfare. The financial saving to the Council resulting from the work of voluntary bodies is incalculable and I gladly record my appreciation of them.



Voluntary organisations can have a more flexible and pioneering approach to social problems, and this is particularly exemplified by the provision of a mobile clinic for detecting cancer of the neck of the womb (cervical cancer). This form of cancer is an important cause of death, but can be satisfactorily treated if discovered early. It can occur in any woman but is more common in those with larger families. It became increasingly evident throughout the country that those women most at risk were not coming forward in sufficient numbers to the local authority's clinics. A group of voluntary workers, representing many women's organisations in the City and County, under the leadership of Mrs. H. K. Paine, who is also the County Home Help Organiser, decided to work for a mobile clinic which would take the service to the people. They obtained and equipped a mobile clinic, which they aptly called the "Staywell Clinic," and which was officially opened on 28th September, 1968. Local area committees have been set up to ensure high attendances at the clinic sessions. The whole venture has been enormously successful, and it may later be possible to use the clinic for other domiciliary services such as family planning.

### **Prevention of Illness**

Financial restrictions, both national and local, have seriously curtailed the development of the health services. Although it is not for me to determine the allocation of resources among the many necessary and desirable local authority services, I commend to you the enormous potential saving of preventive medicine. If, by attending on half a day a week for six weeks, a home help can keep an old person out of hospital for this period, the community has, in effect, saved the wage of that home help for the remaining forty-six weeks of the year. If a health visitor can each year persuade just one young person never to become a cigarette addict, and thereby extend his useful life, the community has gained the salary of that health visitor many times over.

### **Staff Shortages**

There is a national shortage of professionally trained staff, and we are fortunate in Gloucestershire in recruiting to the full establishment in most fields. Nevertheless, staff shortages have continued throughout the year in speech therapy, and it is becoming increasingly difficult to attract specially qualified medical staff. There are long waiting lists for the Eye Clinics and Child Guidance Clinics and representations have been made to the Regional Hospital Board for an increased allocation of consultant sessions.

### **Handicapped Children**

One of the most serious congenital deformities is a failure of the spine to develop so that the child is born with the spinal cord exposed. In the past most of these children either died soon after birth or grew up to be so retarded that they were unable to benefit from any kind of formal education. In recent years surgical technique has so advanced that many of these babies are being saved with much less brain damage. The computer returns indicate that we can expect about twenty per year to survive in the County. These children are likely to be paralysed from the waist down and incontinent, but intellectually they will be able to benefit from special schooling. We ought, therefore, to be making provision now to cater for these seriously handicapped children when they reach school age.

### **Future of the Health and Social Services**

On 15th July, 1968, the then Minister of Health published his tentative proposals on the Administrative Structure of the Medical and Related Services, England and Wales (The Green Paper). The principal proposals in the Green Paper were that, in place of the present tripartite structure, all the health services should be administered by Area Boards each consisting of about fifteen members, and that there should be forty to fifty Area Boards in England and Wales. The strength of the opposition by the various organisations concerned subsequently resulted in the withdrawal of the Green Paper. The discussions which took place, however, indicated that there was a wide measure of agreement on the need for a unified National Health Service.

The Area Board proposed by the Green Paper would have been responsible both for the planning and for the day-to-day administration of all the health services in the Area. The principal objection to this concept is that the optimum size of the Area for planning purposes is not the optimum size for day-to-day administration. It now seems likely that the Government will put forward fresh proposals basing the unified administrative structure on a two-tier system. The responsibilities which Local Authorities will have in a unified National Health Service is uncertain, but it is clear that no decision can be made until the Royal Commission on Local Government in England has reported.

On the same day as the Green Paper there was published the Report of The Committee on Local Authority and Allied Personal Social Services (the Seebohm Report). The principal recommendation in this report is that there should be established in each major local authority a social services department embracing the whole of the children's and welfare departments together with parts of the health and education departments. This recommendation has not found universal acceptance and the Government's decision on it is still awaited. The total acceptance of the recommendation would unfortunately result in the separation of the services for the mentally and physically handicapped from other health services, and in the separation of the child guidance service from the school health service.

Whatever the ultimate administrative structure of the social services it is clearly desirable for the social services to work closely together and agreement has been reached in principle for the field workers in the departments concerned to be accommodated in the same building in each area. The first two areas to be affected in this reorganisation will be those centred on Kingswood and Stroud, and the staff will be accommodated in the new Health Centres scheduled to be started in these two places in 1969. This reorganisation will inevitably mean a redesign of the buildings and fresh negotiations with the parties concerned, so that the starting dates will be delayed by a few months. The change is welcome, however, because it will mean that each building will include not only the general practitioner and local health authority services, but also the area children's officer and the area welfare officer. This will not only be more convenient to the public but will result in a closer integration of medical and social services.

I would like to record my thanks for the encouragement which Members of the Council have given to me during my first months in the County. I have also much appreciated the support of the many statutory and voluntary bodies associated with the health services. I am particularly grateful for the loyal service of the staff of the health department. This report is itself evidence of the team-work in the department.

ALLAN WITHNELL,

*County Medical Officer of Health and  
Principal School Medical Officer.*

Health Department,  
Quayside Wing, Shire Hall,  
Gloucester. GL1 2HZ.  
May, 1969.



## STAFF

as at 31st December, 1968

County Medical Officer of Health and Principal School Medical Officer	...	...	...	A. Withnell, B.Sc., M.D., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer				R. Barnes, M.A., M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officer, Maternity and Child Welfare	...	...	...	Mary P. S. Seacome, M.A., B.M., B.Ch.
Senior Medical Officer, School Health Service				M. J. Gryspeerdt, M.B., B.S., D.P.H.
Senior Assistant County Medical Officer of Health and School Medical Officer	...			M. B. Pepper, M.B., B.S., D.P.H.
Divisional Medical Officers of Health (also District Medical Officers of Health)	...			R. F. Barclay, M.B., B.S., D.P.H. R. E. A. S. Hansen, M.A., M.B., B.Ch., D.P.H. A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. W. A. Knox, M.B., B.Ch., B.A.O., D.P.H.
Assistant Medical Officers of Health and School Medical Officers	...	...	...	Katherine E. M. Allen, M.A., M.R.C.S., L.R.C.P. S. C. Buck, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H. Catherine A. Cumming, M.B., Ch.B., D.P.H. Elspeth M. Feilden, M.B., B.S. M. R. F. Reynolds, M.B., Ch.B. J. S. Rodgers, M.A., M.B., B.Ch., D.R.C.O.G., D.P.H. M. H. Ryder, M.C.R.S., L.R.C.P., D.P.H. Dorothy Sell, M.B., B.S. Rachel E. W. Sillett, M.D., D.P.H. Hebe F. Welbourn, M.D., D.C.H. Joyce D. Wood, M.B., M.S., D.R.C.O.G., D.C.H., D.P.H.
Chest Physicians (part-time)	...	...	...	F. J. D. Knights, M.D., F.R.C.P. R. A. Craig, M.D., M.R.C.P.
Principal Dental Officer	...	...	...	J. F. A. Smyth, L.D.S.
Deputy Principal Dental Officer	...	...	...	Miss E. B. Nasmyth, L.D.S.
Area Dental Officers	...	...	...	J. P. B. Pengelly, L.D.S. D. K. Stables, B.D.S.
Orthodontists	...	...	...	G. D. Everard, L.D.S. Mrs. J. M. Popplewell, L.D.S. (part-time)
Senior Dental Officers	...	...	...	A. C. Bloomfield, L.D.S. D. M. Carpenter, B.D.S. D. N. de Gruyther, L.D.S. R. D. Jefferies, L.D.S. N. Killingback, B.D.S. Mrs. Y. Thomas, B.D.S. G. N. Willetts, L.D.S.



Dental Officers	...	...	...	...	...	Mrs. M. E. Bell, L.D.S. (part-time) M. R. Brocklebank, B.D.S. W. M. Ellis, L.D.S. W. M. Evans, B.D.S. (part-time) Mrs. H. Frenker, B.D.S. Mrs. M. J. Leech, L.D.S. R. R. Merritt, L.D.S. Mrs. L. Pinson, B.D.S. Mrs. A. S. Pritchard, B.D.S. (part-time) L. H. Stratford, L.D.S.
Dental Auxiliaries	...	...	...	...	8	
Dental Health Education Officer				...	...	Mrs. U. Miles
Dental Surgery Assistants	...	...	...	...	33 (equivalent to 26.1 full-time)	
County Dental Laboratory	...	...	...	...	1 Senior Technician-in-Charge 3 Technicians 1 Apprentice	
Superintendent Health Visitor	...	...	...	...	...	Mrs. I. E. Lyle, S.R.N., S.C.M., H.V.
Deputy Superintendent Health Visitor				...	...	Vacant
Health Visitors	...	...	...	...	86 and 7 part-time	
S.R.N.'s Assisting Health Visitors	...	...	...	...	10	
Nursing and Midwifery Superintendent				...	...	Miss G. E. Brownhill, S.R.N., S.C.M., H.V., Q.N.
Assistant Superintendents	...	...	...	...	...	Miss C. M. Allison, S.R.N., S.C.M., H.V., Q.N. Miss A. R. Radcliffe, S.R.N., S.C.M., H.V., Q.N.
District Nurse/Midwives/Health Visitors				...	23	
District Nurse/Midwives	...	...	...	...	85	
Home Nurses	...	...	...	...	29 (plus 9 part-time)	
District Midwives	...	...	...	...	10	
Orthopaedic After-Care Sisters	...	...	...	...	4 (including 1 vacancy)	
County Public Health Officer	...	...	...	...	...	R. H. Craig, M.I.P.H.E., M.R.I.P.H.H., M.A.P.H.I.
Assistant County Public Health Officer				...	...	L. G. Norman, S.R.N., M.A.P.H.I.
County Ambulance Officer	...	...	...	...	...	A. W. Johnston, A.I.A.O.
Deputy County Ambulance Officer	...	...	...	...	...	G. P. Turnbull
Health Education Officer	...	...	...	...	...	Miss F. E. Fortnam, S.R.N., S.C.M., H.V.
Deputy Health Education Officer	...	...	...	...	...	Mrs. R. H. Rice, S.R.N., S.C.M., H.V.
County Home Help Organiser	...	...	...	...	...	Mrs. H. K. Paine
Area and Assistant Home Help Organisers	...	...	...	...	11 (plus 4 part-time)	
Principal Social Welfare Officer	...	...	...	...	...	A. F. Poyser
Social Welfare Officers—Blind	...	...	...	...	...	Miss J. E. Alsop (Senior) and 7 Officers
—Deaf	...	...	...	...	...	Miss E. D. Galbraith (Senior) and 1 Officer
—Physically Handicapped	...	...	...	...	...	Mrs. D. M. Parsons

Senior Mental Welfare Officers	...	...	...	D. S. Bayliss R. T. Ireland T. Keeling T. W. Murden D. W. Parker A. E. Poyser
Mental Welfare Officers	...	...	...	15
Headteachers, Junior Training Centres	...	...	...	5
Managers, Adult Training Centres	...	...	...	2
Occupational Therapists	...	...	...	5 (plus 1 part-time)
Chief Chiropodist	...	...	...	D. E. Boden
Senior Chiropodists	...	...	...	7
Part-time Chiropodists	...	...	...	6
Administrative Officer	...	...	...	F. B. Wilton
Deputy Administrative Officer	...	...	...	F. H. Livesey, D.P.A.
Senior Administrative Assistant	...	...	...	H. N. White, A.C.C.S.

#### DELEGATED AUTHORITY—BOROUGH OF CHELTENHAM

Medical Officer of Health	...	...	...	T. O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.
Deputy Medical Officer of Health	...	...	...	K. Matthews, M.B., B.S., D.P.H.
Assistant Medical Officer of Health and School				
Medical Officer	...	...	...	Brenda G. King, M.B., B.S.
Area Dental Officer	...	...	...	P. B. Stone, L.D.S.
Dental Officers	...	...	...	2
Senior Health Visitor	...	...	...	Miss E. Tatlow, S.R.N., S.C.M., H.V.
Health Visitors	...	...	...	13
Senior Mental Welfare Officer	...	...	...	G. H. Watts
Mental Welfare Officers	...	...	...	2
Home Help Organisers	...	...	...	1 Area Organiser and 1 Assistant
Social Welfare Officers—Blind	...	...	...	1 and 1 part-time
Social Worker	...	...	...	1
Head Teacher, Junior Training Centre	...	...	...	1
Manager, Adult Training Centre	...	...	...	1
Nursing and Midwifery Superintendent	...	...	...	Miss M. J. Twemlow, S.R.N., S.C.M.
Assistant Superintendent	...	...	...	1
Home Nurses	...	...	...	16 (plus 2 part-time and 2 Bath Attendants)
Midwives	...	...	...	6 and 2 part-time
Health Centres	...	...	...	2 part-time Nurses
Chiropodists	...	...	...	6 part-time



## STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

### Population :—

Registrar-General's Estimate (Mid-year, 1968) :—

### Extracts from Vital Statistics :—

Rate per 1,000 population	...	...	...	...	...	...	...	17.4
---------------------------	-----	-----	-----	-----	-----	-----	-----	------

Illegitimate live births per cent of total live births	...	...	...	...	...	5.8
--	-----	-----	-----	-----	-----	-----

[illegible][illegible]

Infants deaths (deaths under 1 year)	...	...	...	...	...	...	...	140
--------------------------------------	-----	-----	-----	-----	-----	-----	-----	-----

## Infant mortality rates

Total infant deaths per 1,000 total live births	...	...	...	...	...	14.5
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	14.9
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	8.2

Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	10.1
---	-----	-----	------

Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	8.6
--	-----	-----

Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	... ..	20.3
--	--------	------

## Maternal mortality (including abortion)

Number of deaths	...	...	...	...	...	...	...	...	...	2
Rate per 1,000 total live and stillbirths					...	...	...	...	...	0.2

## 1. Live Birth Rate

The Birth Rate for the year 1968 was 17.4 per 1,000 of the population, compared with 18.2 in 1967.

The following table shows the comparative figures for the past five years :—

	1964	1965	1966	1967	1968
Urban ... ..	19.0	19.0	18.5	17.7	16.8
Rural ... ..	19.7	20.2	19.4	18.5	17.7
Administrative County ...	19.5	19.8	19.1	18.2	17.4
England and Wales ... ..	18.4	18.1	17.7	17.2	16.9

After adjustment by the Area Comparability Factor (0.99) the Live Birth Rate (17.2) is still above that for England and Wales (16.9).

## 2. Death Rate

The Death Rate for the year was 10.4 per 1,000 of population as compared with a rate of 10.1 last year. After adjustment by the Area Comparability Factor (1.05) the Death Rate (10.9) compares favourably with the rate for England and Wales (11.9).

The total number of deaths in the County during 1968 was 5,755 and the chief causes are shown in the following table.

Cause	Total Deaths	Rate per 1,000 population	Percentage of Total Deaths
Heart and Circulatory Diseases ... ..	2,247	4.1	39.1
Cancer ... ..	1,116	2.0	19.4
Cerebrovascular Disease ... ..	836	1.5	14.5
Respiratory Diseases ... ..	757	1.4	13.2
Motor Vehicle Accidents ... ..	77	0.1	1.3
Other Accidents ... ..	87	0.2	1.5
Total ... ..	5,120	9.3	89.0



### 3. Infantile Mortality

The Infant Mortality Rate for the County was 14.5. The rate for England and Wales for the same period was 18.0, the lowest ever recorded.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1959	54	19.3	90	16.8	144	17.7	22.2
1960	48	15.5	108	18.8	156	17.7	21.9
1961	59	19.2	113	18.7	172	18.9	21.6
1962	79	24.4	108	17.1	187	19.6	21.6
1963	60	18.5	122	18.0	182	18.2	21.1
1964	55	16.5	121	18.2	176	17.0	19.9
1965	50	14.7	127	17.3	177	16.5	19.0
1966	52	15.6	116	16.0	168	15.9	19.0
1967	44	13.7	110	16.2	154	15.4	18.3
1968	50	16.2	90	13.7	140	14.5	18.0

## SECTION B

### GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

#### 1. Laboratory Facilities

##### (a) PUBLIC HEALTH LABORATORY SERVICE

The excellent relationship which has always existed with Dr. A. E. Wright at the Public Health Laboratory, Gloucester, has been maintained. We are also very indebted to Dr. H. R. Cayton, of the Bristol Public Health Laboratory, for his help in the Southern parts of the County. Arrangements were made to assist Dr. R. E. Hope Simpson at the Public Health Virus Laboratory at Cirencester, by arranging for a health visitor to be available to him for collection of epidemiological specimens in connection with any influenza outbreak.

##### (b) PUBLIC ANALYST

The sessions of E. G. Whittle, Esq., B.Sc., F.R.I.C., were available to the Council as public analyst. His help during the year has been much appreciated.

#### 2. National Health Service Act, 1946

##### (i) HEALTH CENTRES

The Health Centre at Eastland Road, Thornbury, opened on 30th September. It is the first Centre in the County to provide General Practitioners with main surgery facilities in the same building as Local Authority Services, including Dental Health, Health Visiting, Mental Health, Home Help, Registration of Births, Deaths and Marriages, Child Welfare, Speech Therapy and Welfare Foods.

The site adjoins Thornbury Hospital which is attended by General Practitioners using the Health Centre. Building began in September, 1967, and the cost of erection was £60,800.

The Centre is open Monday to Friday, 8.30 a.m. to 7 p.m., and Saturdays, 8.30 a.m. to 12.30 p.m. The ground floor waiting area can be sub-divided to form a lecture room for health education and a children's playroom adjoins the hall. Five consulting and five examination rooms are available to the General Practitioners and a treatment room is staffed by a trained nurse. The first floor consists of administrative offices for Local Authority Staff and two dental surgeries.

The Health Centre has made it possible to improve services by centralising offices which were previously scattered around Thornbury, Patchway, Berkeley and Stroud. The Centre was opened officially on 30th November by Dr. G. F. Bramley, who, as County Medical Officer of Health until he retired in August, 1968, was responsible for the planning of the project.

The Hester's Way Health Centre, Cheltenham, continues to provide medical and health services for the people on the estate.

The attendances during the year were :—

			Hester's Way (12 months)	Thornbury (3 months)
General Practitioner Consultations	...	...	19,893	7,200
Treatment and Casualties	...	...	4,373	1,549
Child Welfare Centres	...	...	3,665	186
Eye Clinics	...	...	—	100
Orthopaedic Clinics	...	...	86	—
			—	—
Total	...	...	28,017	9,035
			—	—

(ii) CARE OF MOTHERS

(a) *Expectant and Nursing Mothers*

Ante-natal care was received by 1,337 mothers who attended the 14 local authority clinics. In addition, 7 domiciliary midwives held 453 ante-natal sessions at their own premises. They also attended clinics held by 58 General Practitioners at their own surgeries and assisted 15 practitioners holding clinics in local authority premises.

Mothercraft and Relaxation clinics were held at 48 centres. The numbers attending were :—

Booked for hospital delivery	...	...	...	987
Booked for home confinement	...	...	...	187
Total attendances	...	...	...	6,853

Fathers were also invited to attend some of the sessions which would be of interest to them.

(b) *Arrangements for Confinement*

The total number of births notified in 1968 was 9,617 compared with 9,994 in the previous year. The proportion of deliveries taking place in Hospital continues to increase as does the popularity of early discharge from hospital at 48 hours for nursing at home. There is active co-operation between the hospitals and the domiciliary midwives to ensure that each patient for whom an early discharge is planned shall return to circumstances which are suitable for home nursing.

The enquiries carried out into home conditions were as follows :—

Applications for Hospital Confinement on social grounds	...	...	759
Hospital Confinement recommended	...	...	659
Circumstances suitable for home delivery	...	...	100
Applications for discharge home after 48 hours	...	...	1,531
Circumstances considered suitable	...	...	1,252
Circumstances considered unsuitable	...	...	279
Total Social Enquiries made	...	...	2,290



(c) *Care of Mothers and Illegitimate Children*

There were 568 illegitimate births recorded in the County. The responsibility for caring for the mothers is delegated to the Bristol Diocesan Association for Family Welfare and the Gloucester Diocesan Council for Social Work which between them accepted 482 new cases during the year. There seems to be an increasing tendency for the mothers to stay at home during their pregnancy and be delivered at the nearest maternity hospital rather than to stay at a Mother and Baby Home for six weeks before and six weeks after delivery.

(d) *St. Catherine's Home, Cheltenham*

This home which has 10 beds for the ante-natal and post-natal care of unmarried mothers and 2 beds for shelter cases admitted 38 unmarried mothers of whom 28 were residents of the County. The average length of stay in the home was 23.9 days before delivery and 16.8 afterwards.

(e) *Cervical Cytology*

Facilities for taking cervical smears were provided at 15 centres, and 3,592 women availed themselves of this service. At present priority is given to married women of 35 and over in accordance with the ruling of the Department of Health and Social Security. For various reasons smears have been taken from women in the younger age range and some of the positives have been detected in this younger group.

Sixteen women were referred to gynaecologists by their general practitioners for further investigation of positive smears. In addition, 419 women were referred to their own doctors for the treatment of other conditions which were detected when the smear was taken.

Breast examination is carried out at the same time, as cancer of the breast is a major cause of death among women.

An analysis of those attending by social class is valuable as there is a higher incidence of carcinoma of the cervix among women of social classes IV and V who have had several children.

Social Class I and II	...	...	...	...	581
III	...	...	...	...	1,586
IV and V	...	...	...	...	1,080
Unclassified	...	...	...	...	345

At the end of the year a mobile unit for the taking of smears was inaugurated by the Gloucester City and County Campaign for the Prevention of Cervical Cancer. The money for this unit was raised by voluntary effort. Throughout the planning period the Campaign Committee has worked closely with the Local Health Authorities and the mobile unit is now made available to the Health Department for sessions to be arranged in remote areas which are not easily served by static clinics. This has proved to be a most worthwhile enterprise and the unit a credit to the women who worked so hard to raise the money to provide and maintain it, and the volunteers who continue to man it.

(f) *Family Planning*

In accordance with the requirements of the National Health Service (Family Planning) Act, 1967, proposals were made and implemented for the necessary work to be delegated to the Family Planning Association. The Association has free use of Local Authority premises and facilities for the holding of sessions and a fixed payment is made to the Family Planning Association for all cases seen on behalf of the Local Authority. All patients for whom family planning advice is recommended on medical or social grounds receive this together with any necessary supplies entirely free of charge.

## (iii) CARE OF CHILDREN

(a) *Home Visiting*

Summary of Home Visits during the year :—

Born in 1968	...	...	...	...	...	10,161
Born in 1967	...	...	...	...	...	10,974
Born in 1963 - 1966	...	...	...	...	...	22,786
Total						43,921

Health Visitors play an important part in maintaining the good health of young children by means of visits made to families in their own homes. Advice is given on all aspects of the care of children including immunisation procedures. The early detection of handicapping conditions requires particular vigilance in order that treatment and appropriate advice may be given early. Special attention was paid to children on the Observation Register which acts as an early warning system in such cases and valuable information was provided by the health visitors. The use of the computer has facilitated the follow up of these children routine reports being asked at fixed intervals. This system was instituted in January, 1967, and of the 2,266 children who were placed on the register in 1967, 328 remained on December 31st, 1968.

Of the 130 children who were retained on the register after a routine check at eighteen months of age (i.e. born January-June, 1967), 33 were considered to require continued observation because of varying degrees of retardation in development, 20 because of congenital abnormalities, 11 for reason of diagnosed medical conditions and 29 for social reasons. A further 2,900 children were added to the register during 1968, 833 of these being regarded as no longer in need of special observation after routine check at nine months of age (i.e. those born January - March, 1968).

A record is kept of all children who are noted to have an abnormality at birth. Deformities were reported in 98 children born during 1968, several children having more than one defect. The most frequently occurring abnormalities were those of limbs, 31 cases of talipes equino-varus being reported and 18 other limb defects. Defects of the central nervous system were recorded in 37 children, 21 of these having spina bifida often associated with hydrocephalus.

(b) *Child Welfare Centres*

Regular sessions were held at 109 Child Welfare Centres during the year. Emphasis continues to be placed on the value of regular developmental assessment of the children who attend. Several of the medical officers attending the centres were able to take advantage of courses in developmental paediatrics arranged by local paediatricians and two of the local authority medical officers were able to attend courses arranged in London over a period of 5 - 6 weeks by the Society of Medical Officers of Health. Skill in developmental assessment is particularly important in connection with the follow up of children who are placed on the Observation Register. More voluntary committees found it possible to inaugurate play corners during the year and these are proving to be popular features with many of the toddlers. The members of the voluntary committees of the Child Welfare Centres devote much time and energy to playing their part in the running of these and tribute must be paid to them for their contribution to this service. Particular mention must be made of the enthusiasm shown by the members of the Executive Committee of the Federation of Child Welfare Centres. In addition to the static centres sessions were held in 85 villages in the two caravans used as mobile clinics.

The numbers of children attending centres were as follows :—

Children born in 1968	...	...	...	...	6,269
Children born in 1967	...	...	...	...	7,242
Children born in 1963 - 66	...	...	...	...	12,558



*(c) Mothers' Clubs*

Regular meetings were held by 22 Mothers' Clubs during the year. These Clubs have a mixed programme of social and educational events, at least half of the sessions being devoted to some aspect of health education. In order to encourage the opening of these Clubs the local authority will pay the rental for a suitable hall or other meeting place for the first three months. Thereafter the Club is self-supporting.

*(d) Distribution of Welfare Foods*

Welfare Foods were available at 187 Child Welfare Centres (fixed and mobile), 20 shops, 4 houses and 14 part-time offices, the latter involving paid assistance.

Distributions were :—

National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Orange Juice (Bottles)	A & D Tablets (Packets)
22,359 (31,895)	9,336 (10,378)	145,291 (158,294)	7,597 (8,553)

The 1967 figures are shown in brackets.

It is interesting to note that since 1960 sales of National Dried Milk and Cod Liver Oil have progressively decreased from 101,869 and 33,433 respectively.

*(e) Day Nurseries*

The 115 places available at the three day Nurseries at Swindon Road and Whaddon Road, Cheltenham, and Enmore House, Kingswood, were fully utilised during the year. In addition to the children in the usual priority groups several with physical handicaps or emotional difficulties also were admitted. The average daily attendance was 97.2.

*(f) Training of Nursery Students*

An innovation to this training during 1968 was the addition of six training places at three Infants' Schools in addition to those places already available at the three day nurseries, Walton House Residential Nursery and Winchcombe Nursery School. This is in accordance with the extension of the training to cover the care of children from 0 - 7 years instead of 0 - 5 years as previously.

Twenty-one students were accepted for training, one of these places having become available owing to the resignation of a second year student from the course. The remaining 13 second year students were successful in gaining the N.N.E.B. certificate.

*(iv) RECUPERATIVE HOLIDAYS*

Two mothers went away for recuperative holidays accompanied by their children which numbered three in all. Holidays at convalescent homes were arranged for three children under the age of five years.

*(v) PROBLEM FAMILIES*

Forty-four new cases were considered by the Officer's Co-ordinating Committees convened by the Divisional Medical Officers of Health and by the Medical Officer of Health for Cheltenham. Supervision commenced in previous years was continued with 87 families. It is recognised that once a family needs assistance of this sort the supervision may have to continue for an extended period. Two mothers accompanied by their five children went to Mothercraft Homes in order to receive training in housecraft and care of children.

*(vi) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948*

Seventeen premises registered as nurseries offered places to 465 children, and 80 registered daily minders undertook the care of 644 children.

## (vii) INFANT DEATHS

(a) *Neo-Natal Deaths*

There were 96 deaths during the first 28 days of life, 83 of these occurring during the first 7 days. The causes of death were as follows :—

						0 - 6 days	7 - 28 days
Prematurity—							
Where given as sole cause	...	...	...	...	...	10	—
Associated with respiratory distress	...	...	...	...	...	18	—
Associated with other conditions	...	...	...	...	...	9	—
Congenital Defects	...	...	...	...	...	14	5
Respiratory Distress and Atelectasis	...	...	...	...	...	13	1
Cerebral Haemorrhage	...	...	...	...	...	7	—
Haemolytic Disease	...	...	...	...	...	5	—
Asphyxia	...	...	...	...	...	3	1
Other	...	...	...	...	...	4	6
						83	13

The satisfactory fall in the peri-natal and neo-natal death rates for the County have been maintained.

						Peri-Natal Death Rate	Neo-Natal Death Rate
1964	...	...	...	...	...	21.9	11.9
1965	...	...	...	...	...	22.2	10.7
1966	...	...	...	...	...	22.8	10.6
1967	...	...	...	...	...	20.9	10.6
1968	...	...	...	...	...	20.3	10.1

(b) *Infant Deaths*

The deaths of 45 infants between the ages of one month and one year were recorded.

						Place of Death	
						Home	Hospital
Respiratory Infections	...	...	...	...	...	—	15
Asphyxia	...	...	...	...	...	2	4
Congenital Defects	...	...	...	...	...	4	11
Accidents	...	...	...	...	...	—	4
Gastro-enteritis	...	...	...	...	...	—	1
Other	...	...	...	...	...	—	4
						6	39

It is interesting to note that the major cause of death of children under the age of one year continues to be some form of respiratory infection in spite of hospital admission and modern treatment. A certain number of the children recorded as dying as a result of their congenital defects also suffered a respiratory infection as the terminal illness. Once again the proportion of children dying at home has decreased suggesting that parents are seeking medical advice earlier.

The decline in the Infant Mortality Rate has been maintained, having fallen progressively from 17.0 in 1964 to 14.5 in 1968.



*(c) Premature Babies*

There were 668 babies of birth weight 5 lb. 8 oz. or less born during 1968. The analysis shows the place of birth and whether they were liveborn or stillborn. The figures for 1967 are shown in brackets.

	Live	Stillborn	Total
Born in Hospital ... ..	549 (576)	70 (77)	619 (653)
Born at home or in a Nursing Home ...	46 (61)	3 (5)	49 (66)
	<hr/> 595 (637) <hr/>	<hr/> 73 (82) <hr/>	<hr/> 668 (719) <hr/>

Of the 595 live births, 50 failed to survive the first week of life, and a further 3 died before reaching the age of one month. The highest mortality rate is among the babies of 3 lb. 4 oz. and under, 25 of the 45 babies in this weight range failing to survive seven days. The fact that the majority of all premature babies were born in hospital reflects careful selection of cases for obstetric care. Of the 46 live births at home or in a nursing home 35 were over 4 lb. 6 oz. in weight and only 1 failed to survive. This child was one of 5 who were transferred to hospital for special care. Specialist care is provided for premature babies after discharge from hospital by 3 midwives and 2 health visitors trained for this work.

*(d) Illegitimate Infant Deaths*

Of the 568 illegitimate births registered, 11 were stillborn and 5 died under the age of one year. The illegitimate death rate was 8.2 per 1,000 live births.

*(e) Stillbirths*

Of the 114 stillbirths notified only 6 took place at home, 3 of these being premature babies. This is an even lower proportion than in previous years and in keeping with the careful selection of place of delivery which was revealed in the analysis of premature births. Close co-operation between the hospitals and the local authority is one of the factors which make this improvement possible.

The stillbirth rate for the past four years have been as follows :—

1965	...	...	...	...	...	...	13.3
1966	...	...	...	...	...	...	13.9
1967	...	...	...	...	...	...	12.3
1968	...	...	...	...	...	...	11.8

*(viii) MIDWIFERY AND HOME NURSING**(a) Staff*

The staffing position throughout the year was maintained at a satisfactory level. At 31st December, 1968, the position was as follows :—

County			Whole-time	Part-time	Total
Superintendents	...	...	3	—	3
Nursing Staff	...	...	147	9	156
Cheltenham					
Superintendents	...	...	2	—	2
Nursing Staff	...	...	24	4	28
Vacancies					
County	...	...	7		
Cheltenham	...	...	1		

The record of the year's work is as follows :—

	County	Cheltenham Borough	Total
<i>Cases</i>			
Cases brought forward from 1967 ... ..	1,732	—	1,732
New General Cases under 5 at first visit ... ..	327	45	372
New General Cases aged 65 or over at first visit ... ..	3,660	970	4,630
Other New General Cases (including miscarriages) ... ..	2,395	602	2,997
Number of complete miscarriages ... ..	133	1	134
New Cases for Ante-Natal Care (home, hospital or G.P. Unit) ...	3,906	274	4,180
Women delivered at home—Booked by Dr.—Dr. present ...	543	37	580
Dr. not present ...	884	139	1,023
Women delivered at home—Not booked by Dr.—Dr. present ...	10	—	10
Dr. not present ...	25	—	25
Women delivered in G.P. Units—Dr. present ... ..	55	—	55
Dr. not present ... ..	43	—	43
Discharges from Hospital—up to and including 10th day ...	2,663	696	3,359
after 10th day ... ..	174	7	181

*Visits Paid*

Total of General Visits including all miscarriages ... ..	213,962	46,907	260,869
Ante-Natal—Home Bookings ... ..	14,011	1,261	15,272
Hospital Bookings ... ..	7,919	470	8,389
at G.P. Units ... ..	486	—	486
Midwifery Visits—women booked by Dr. ... ..	25,701	2,415	28,116
women not booked by Dr. ... ..	173	—	173
at G.P. Units ... ..	1,443	—	1,443
Discharges from Hospital—Up to and including 10th day ...	18,825	3,717	22,542
After 10th day ... ..	927	82	1,009
Casual ... ..	7,598	—	7,598
Ineffective ... ..	4,511	529	5,040
Visits to Surgeries for Consultations ... ..	4,947	—	4,947
	<hr/> 300,503	<hr/> 55,381	<hr/> 355,884

	County	Cheltenham Borough	Total
<i>Clinic Sessions Attended as District Nurse</i>			
Surgery ... ..	366	—	366
Others ... ..	39	—	39
<i>Clinic Sessions Attended as Midwife</i>			
A.N. and P.N. ... ..	3,208	275	3,483
Ante-Natal Preparation Classes and Parentcraft ... ..	664	—	664
Women's Welfare ... ..	18	—	18
<i>Health Education</i>			
Talks in addition to those given at Clinic Sessions ...	49	—	49
<i>Public Health</i>			
Twenty-three members of the staff are also Health Visitors...			
Visits made as a Health Visitor ... ..	12,177	—	12,177
Total Sessions attended as Health Visitor ... ..	898	—	898



### *Courses*

Twenty-five members of staff attended the statutory midwifery refresher courses ; 5 attended courses for health visitors ; 2 attended the " Speaking with Confidence Course " at Cowley Manor ; 25 attended our own courses in Ante-Natal Preparation at Sandywell Park and 29 attended our own course in Rehabilitation at Sandywell Park.

### *District Training*

Two candidates completed the Queen's District Training Course.

During the year the County was approved by the Ministry of Health as a practical training centre for district training and in September, 6 members of staff commenced the course under the Severn Valley District Nurse Training Scheme, a new scheme run jointly with the County Boroughs of Gloucester and Worcester and Worcestershire County Council.

The County was also approved as a practical training centre by the Queen's Institute of District Nursing for the in-service course of instruction for State Enrolled Nurses. Two members of staff successfully completed the course of district training which was organised jointly with the City of Gloucester.

A Practical Work Instructors' Course was held in Cheltenham in September. Ten members of the Cheltenham general nursing staff attended the course which was organised in conjunction with the Queen's Institute of District Nursing.

### *Part 2 Midwifery Training*

Fifty-one student midwives completed Part 2 training with County midwives.

A revised scheme for domiciliary training for student midwives has been approved by the Central Midwives' Board. This commenced on November 1st and provides for greater emphasis on community care and social services than on actual deliveries within the patients' own homes.

Eleven midwives attended mothers in general practitioner maternity units.

### *Home Nursing—Relaxation Sessions*

In one area the idea of relaxation has been extended to include patients referred by general practitioners for a variety of reasons.

In Cheltenham, one member of the general nursing staff specialises in the nursing of children at home.

### *Attachments*

There are now 26 members of staff attached to group practices—3 full-time midwives, 10 nurses, 11 nurse/midwives and 2 nurse/midwife/health visitors.

Arrangements have been made with one neighbouring authority for attached midwives to cross the County boundary to attend patients registered with the practices.

One premature baby midwife attends a hospital premature baby clinic and visits the premature baby unit weekly.

### *(b) Puerperal Pyrexia*

					Home	Hospital	Total
Urinary Tract Infection	...	...	...		1	3	4
Mastitis ...	...	...	...	...	2	1	3
Various Diagnosed Medical Conditions				...	17	12	29
Cause unknown	...	...	...	...	3	2	5

(c) *Maternal Deaths*

There were two maternal deaths during the year. Investigations were carried out and reports made for the Confidential Enquiry into Maternal Deaths.

(d) *Local Supervising Authority*

During the year 262 midwives notified their intention to practice within the area. Of these 133 were employed by Hospital Management Committees ; 128 by the County Council, and 1 was in private practice.

## Deliveries attended by Domiciliary Midwives :

At Home—Dr. Booked	...	...	...	...	1,603
Dr. not Booked	...	...	...	...	35
In General Practitioner Units	...	...	...	...	98
Number of cases delivered in hospital but discharged home to care of domiciliary midwives before 10th day	...	...	...	...	3,359

## Medical Aid under Section 14 (i) of the Midwives Act, 1951 :

Domiciliary	...	...	...	...	...	118
Institutions	...	...	...	...	...	95

(e) *Incontinence Pads*

Incontinence Pads were provided as part of the arrangements for home nursing. The estimated usage was 80,000 compared with 72,000 in 1967.

## (ix) DENTAL SERVICES

*Report of the Principal Dental Officer*

The amalgamation of reports on the school dental service and the service for mothers and young children saves paper and ink. Of more importance, for the first time it is possible to present a single picture of the County's dental services, which in practice are a single integrated service.

*Staff—Dental Officers*

By the end of the year recruitment had improved the position to a total of 23 whole-time and 4 sessional officers (whole-time equivalent of 25.1, or 26.2 including extra sessions worked). This compares with the figure of 22.1 (23.3) on 31.12.67. During the year there were a number of staff changes, chiefly due to the increasing number of young women recruited from Bristol Dental Hospital. They are a welcome addition, and appear particularly suited to a children's dental service, but "wastage" due to marriage and families is inevitably high. Frequent changes in a clinic are unfortunate, since the dentist-patient relationship is essentially personal, and new faces present an initial set-back in the not always popular visit to the dentist.

The sessions worked during the year increased by 364, the equivalent of about  $\frac{3}{4}$  of one officer. The proportion of time spent on various aspects of the work is given in Table A. The pattern shows little change from previous years, except for an increase in inspection time, largely due to the increased number of auxiliaries. Sessions in fixed clinics include 474 extra paid sessions by dental officers and 184 extra paid sessions by the whole-time orthodontist.



*Table A—Allocation of Sessions (Dental Officers)*

Type of Session	Number	Percentage of total
School Inspections ... ..	810	8.2
Treatment in Fixed Clinics (School) ... ..	5,520	55.9
Treatment in Mobile Clinics (School) ... ..	2,180	22.1
Orthodontics ... ..	970	9.7
M. and C.W. ... ..	380	3.9
Administration of General Anaesthetics ... ..	19	0.2
	9,879	100.0

*Staff—Dental Auxiliaries*

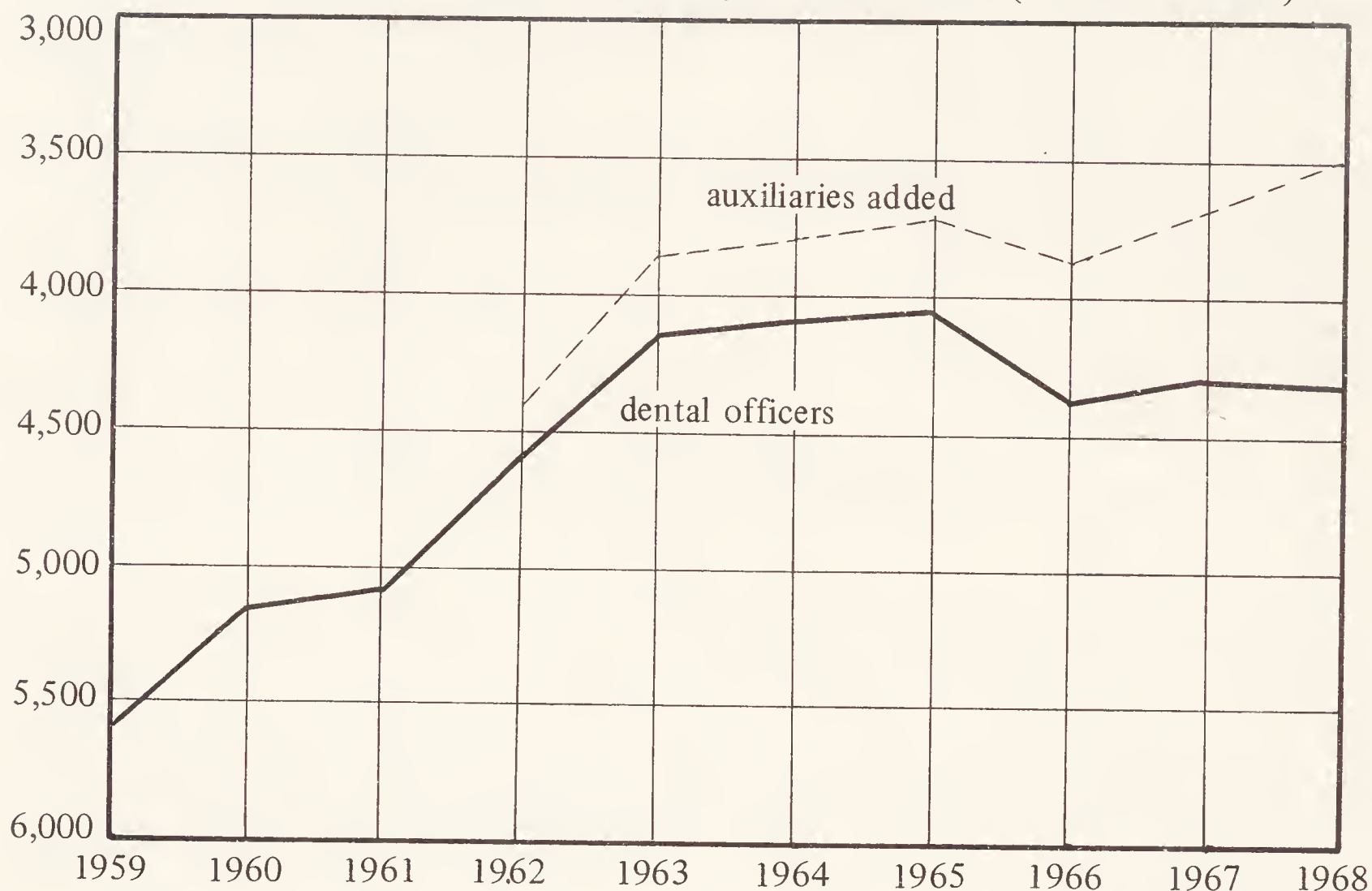
Two resigned during the year, one for family reasons and the other transferring to the London area. Four took up duty in September after completing their training, making a total of eight. The proportion of time spent in various services is given below. Increased facilities in second surgeries enabled the extra auxiliaries to be employed without adding to the mobile fleet. The percentage of sessions in fixed clinics could thus be increased by 7%, while the percentage in mobile clinics fell by 8%, although the total number of sessions worked in mobile clinics increased. Auxiliaries undertook a higher proportion of the total work on pre-school children, which I believe to be desirable. The sessions spent on dental health education almost doubled, but the proportion of time remained near the predetermined level of 25%.

*Table B—Allocation of Sessions (Dental Auxiliaries)*

Type of Session	Number	Percentage of total
Treatment in Fixed Clinics (School) ... ..	745	29.8
Treatment in Mobile Clinics (School) ... ..	985	39.4
M. and C.W. Treatment ... ..	80	3.2
Dental Health Education (School) ... ..	428	17.1
Dental Health Education (M. and C.W.) ... ..	262	10.5
	2,500	100.0

The most realistic way to regard staffing is by comparison with the school population. Fig. 1 shows the recent upward staff trend, following the recession in 1966. For dental officers alone the manpower is below the 1965 level, but the combined figure with dental auxiliaries added is the highest yet : in other words, the number of children per dental officer and auxiliary combined is the smallest recorded. On the present school population and acceptance rate for treatment, I estimate that the addition of two dental officers or three dental auxiliaries would have enabled the service to achieve its minimum objective—annual inspection of all school children.

Fig 1. Manpower — School Children per Dental Officer (Auxiliaries added)



### *Clinics*

The new four-surgery clinic in Cheltenham opened in July, replacing the unsatisfactory Borough and County clinics, and giving accommodation for a dental auxiliary. A two-surgery clinic in the Health Centre at Thornbury replaced the old clinic there. Work on the new Gloucester clinic and laboratory was nearly completed by the end of the year. Re-equipment of three surgeries was undertaken, and two more recovery rooms were equipped as second surgeries. Following a review of equipment available for general anaesthetic emergencies, additions were made where necessary to conform with the Ministry Report on Dental Anaesthesia. Monitoring of staff using X-ray machines was continued, and all the mobile clinics were tested for electrical safety.

### *Prevalence of Dental Decay*

Observations of the children aged 5, 8 and 14 were continued at all school inspections. There is evidence that the pattern of dental health or disease is primarily laid down very early in life. The state of the teeth of school entrants therefore shows the prevalence of caries in the pre-school years. The dental picture at this age indicates the contribution that teeth have made to the well-being and happiness (or the reverse) of pre-school children. This picture can deteriorate or be made static during school life. ; it cannot be reversed, at least so far as the primary teeth are concerned.

The results are shown in Table C. As a whole, the 5-year olds are disappointing, showing about the same number free of decay and with severe decay (10 or more d.e.f. teeth) as in 1966, the improvement shown in 1967 not being maintained. One cannot be dogmatic and all conclusions must be tentative.



The figures for any single year only represent the schools actually inspected in the year, so that in some areas the same schools (and therefore comparable figures) only appear in alternate years. The influx of new families, particularly in the Patchway, Thornbury and Yate areas, make valid comparisons impossible there. It is encouraging that in those areas which have had a continuous coverage by the dental health education officer or an experienced auxiliary there has been a steady improvement in 5-year old and other age groups, in marked contrast to areas where there have been changes, or perhaps lack of direct purpose, with auxiliaries.

The 8-year olds show the steady improvement expected from the figures of 5-year olds in 1965. The similarity of pattern between 8-year olds and the 5-year olds three years before confirms the belief that the pattern of dental health and disease is formed in early pre-school years.

The steady fall in the number of 14-year olds with decay of the front teeth follows the trend of the past four years. There appears, as I have remarked in previous reports, to be a strong correlation between the sale of biscuits in primary schools and decay of the front teeth.

Table C—Caries Prevalence in Gloucestershire—1968

Type of Area	District	5 year old children					8 year old children					14 year old children		
		Number inspected	Number with no d.e.f. teeth	Percentage with no d.e.f. teeth	Number with 10 or more d.e.f. teeth	Percentage with 10 or more d.e.f. teeth	Number inspected	Number with no d.e.f. molars	Percentage with no d.e.f. molars	Number with 8 d.e.f. molars	Percentage with 8 d.e.f. molars	Number inspected	Number with 1 or more d.m.f. incisors	Percentage with 1 or more d.m.f. incisors
Urban	Cheltenham Borough	638	165	25.8%	82	12.8%	716	72	10.0%	240	33.5%	702	168	23.9%
	Cheltenham Suburbs	350	107	30.5%	46	13.1%	317	35	11.0%	130	41.0%	237	61	25.7%
	Gloucester Suburbs	205	40	19.5%	26	12.6%	309	22	7.1%	93	30.0%	249	100	40.1%
	Bristol Suburbs	2,010	454	22.5%	202	10.0%	1,988	184	9.2%	515	25.9%	1,130	272	24.0%
	Stroud and District	269	43	15.9%	48	17.8%	290	24	8.2%	103	35.1%	98	42	42.8%
	Area Total	3,472	809	23.3%	404	11.6%	3,620	337	9.3%	1,081	29.8%	2,416	643	22.4%
Small Towns (Pop. 1,500 to 10,000)	Forest of Dean	455	77	16.9%	60	13.1%	373	32	8.5%	122	32.7%	641	217	33.8%
	North Severn Vale	186	47	25.2%	27	14.5%	160	13	8.1%	54	33.7%	274	100	36.4%
	South Severn Vale	703	212	30.1%	59	8.3%	696	65	9.3%	232	33.3%	425	96	21.6%
	North Cotswold	140	20	14.2%	22	15.7%	44	1	2.2%	14	31.8%	208	55	26.4%
	South Cotswold	267	50	18.7%	57	21.3%	187	14	7.4%	70	37.4%	307	103	33.5%
	Area Total	1,751	406	23.1%	225	12.8%	1,460	125	8.4%	492	33.6%	1,855	571	30.7%
Villages	Forest of Dean	311	60	19.2%	59	15.7%	283	14	4.9%	104	36.7%			
	North Severn Vale	233	62	26.6%	33	14.1%	178	20	11.2%	75	42.1%			
	South Severn Vale	349	69	19.7%	42	12.0%	321	19	5.9%	106	33.0%			
	North Cotswold	164	41	25.0%	19	11.5%	219	20	9.1%	57	26.0%			
	South Cotswold	308	71	23.0%	38	12.3%	300	30	10.0%	90	30.0%			
	Area Total	1,365	303	22.1%	191	13.9%	1,301	103	7.8%	432	33.2%			
	Grand Total	6,588	1,518	23.0%	820	12.4%	6,381	565	8.8%	2,005	31.4%	4,271	1,214	28.4%

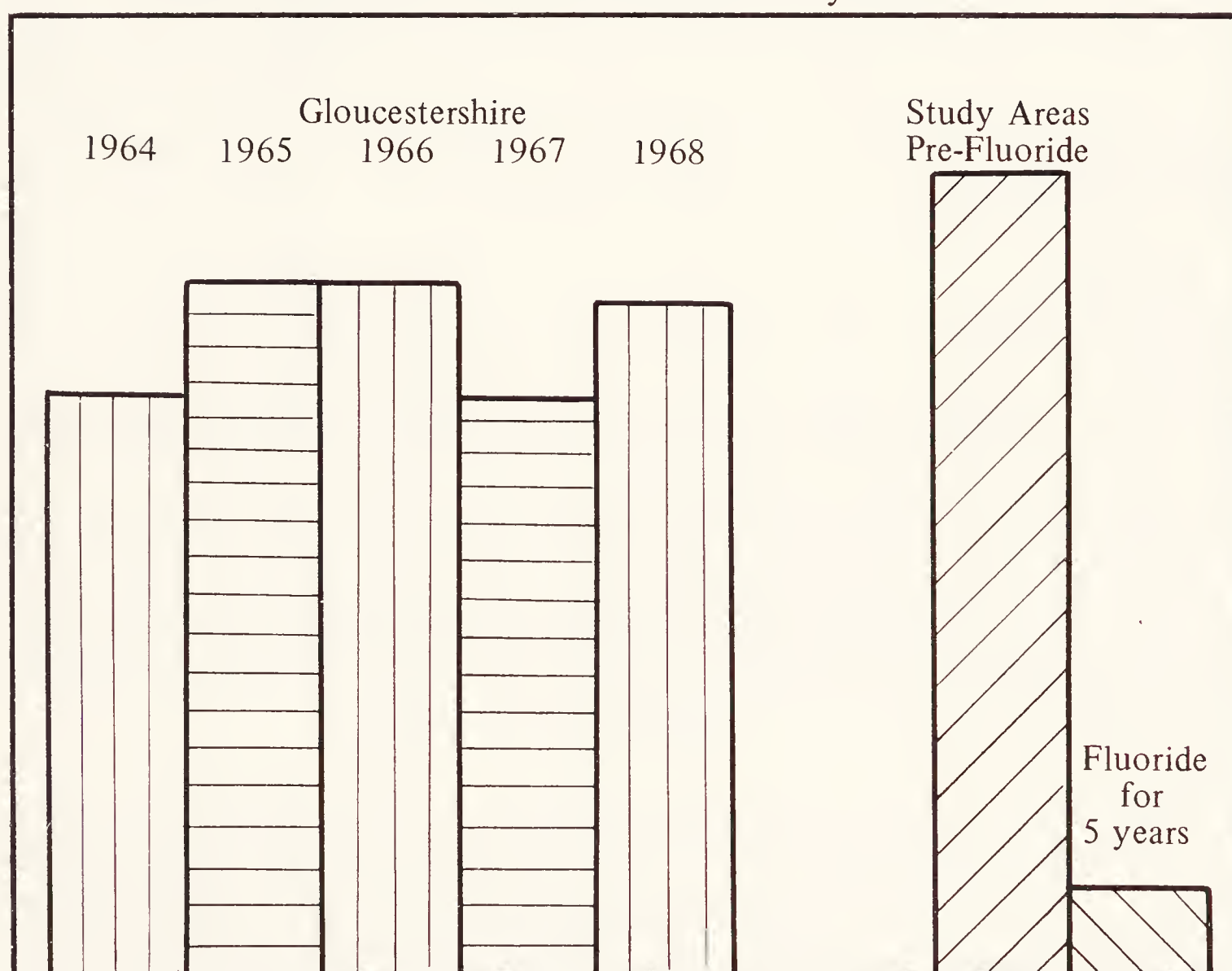


### *Prevention of Dental Decay*

Prevention better than cure is a maxim of public health : it is as easy to say as it is hard to put into practice where teeth are concerned. One part per million of fluoride in the water supply would drastically alter for the better the state of teeth in Gloucestershire. The County Council, influenced no doubt by outside pressures, have on two occasions turned down the Health Committee's resolution in favour of fluoridation. The Committee considered that it would serve no useful purpose to bring forward their resolution once more. They therefore took no action on the Minister's Circular 24/68.

All studies show that the average level of decay is reduced by 60% with 1 p.p.m. fluoride in the drinking water during childhood. Far more important in my submission, is that children with severe decay (10 or more d.e.f. teeth) the "dental cripples," become almost unknown. Fig. 2 shows the percentage of 5-year old "dental cripples" in Gloucestershire over the past five years, compared with those of the same age in the fluoridation study areas (combined figures) before and after five years of fluoridation. The County Council (and the public) should be fully aware of the benefit to dental health that is at present not available to Gloucestershire children.

Fig 2.  
5 year old children with severe decay (10 or more d.e.f. teeth)  
Gloucestershire and Combined Fluoride Study areas.



Dental health education, based on our increasing knowledge of the complex factors causing teeth to decay, has been vigorously pursued in the County for many years. A study of the figures outlined in Table C gives a strong indication that the level of decay and the number of "dental cripples" is being

slowly reduced in some areas of the County by this means. It is necessary for such education to be imaginative, carefully directed and continuous over the years if it is to have any real effect. Further, it is essential that all concerned should consider it important and be saying the same thing—dentists and members of the dental health team, doctors, midwives, health visitors and health educators, and last, but not least, school teachers. One of the greatest contributions of heads of schools has been their enlightened co-operation in restricting sales of biscuits. A recent survey showed that 44% of Primary and 11% of Secondary schools prohibit the eating of biscuits, sweets, etc., in school hours. 14% of Primary and 45% of Secondary schools still sell biscuits, but at the majority of these schools apples, crisps or nuts are sold as well. The effect on the smaller number of children with decay in the front teeth at age 14 is mentioned above.

Dental health education activity increased to the highest level so far. Talks to schools almost doubled once again, the figures being included in Table D. Exhibitions were held at Cowley Manor in May, at Stroud Show in July, at Stonehouse Secondary School and at the opening of Thornbury Health Centre in November. The model of the Severn Bridge, made for a joint exhibition with Monmouthshire in 1967, continued to be admired.

Table D—Dental Health Education

	No. Visited	No. of Visits
Ante-natal Centres ... ..	6	23
Child Welfare Centres—Fixed ... ..	115	198
Mobile ... ..	72	72
Schools—Primary ... ..	279	1,014
Secondary ... ..	25	87
Parent-Teacher Associations ... ..	8	8
Other Organisations ... ..	8	8

The resignation of Mrs. Iliffe, the dental health education officer, in September, to undertake a teacher training course at St. Mary's, was a loss to the dental health team. She was appointed as hygienist in 1961, and became dental health education officer when Mrs. George resigned in 1963. The effects of her work will not quickly be forgotten, especially in the North Cotswolds. It was fortunate that Mrs. Miles, who had been closely associated with Mrs. Iliffe's work and had been responsible for caries prevalence records, was available and willing to become the County's third dental health education officer. The appointment has been welcomed by all who have known Mrs. Miles.

## Inspections

For the first time for several years there was a marginal increase in the number of mothers inspected. There was a 17% increase in the pre-school children inspected, but the number represents only 5% of children aged 2 - 4 or 7.5% of children aged 3 - 4. The Education Department lists well over 4,000 children under 5 in school, and it may be that nearly 20% of children aged 3 and 4 had at least one dental inspection. 94% of mothers inspected, and 69% of pre-school children, needed treatment and 99% and 93% respectively of these were treated. 9% of the children had additional courses of treatment in the year.

The percentage of the school population inspected rose by 5% to 70%, and the trends are shown in the graph in Fig. 3. The breakdown of the findings at inspections is shown in Fig. 4. Those not requiring treatment showed a 2% increase over 1967. There was a slight decrease in those treated by the school service, and a smaller increase in those recorded as receiving regular treatment from their family dentist.



National figures indicate that the general dental service provides far more treatment for children than the local authority service. The reverse is true of children attending maintained schools in Gloucestershire. The percentage of children not receiving regular treatment from either service showed another slight and welcome fall. Again it must be said that if all these children (and their parents) changed their mind about dentistry overnight, the combined dental manpower in the County would be swamped.

Fig 3. Percentage of School Population Inspected.

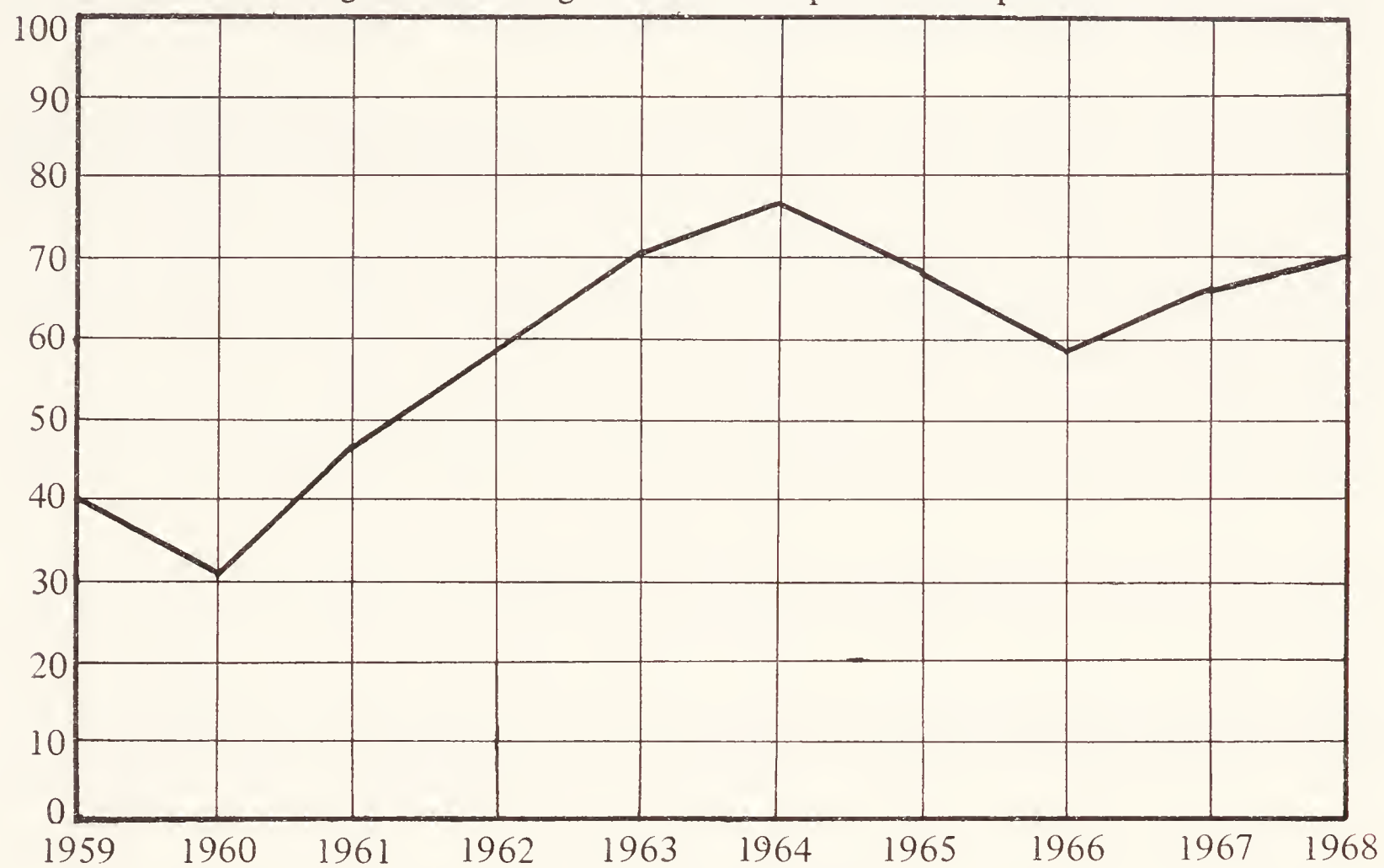


Fig. 4. Findings at Routine Dental Inspections.

Not Requiring Treatment		31.0%
Requiring Treatment	Receiving Treatment — School Dental service	31.5%
	Receiving Treatment General Dental Service	13.5%
	No Regular Treatment	24.0%

### *Treatment*

The statistical tables required by the Ministry of Social Security and the Department of Education and Science are included in the School Health Section (page 77). It is disappointing that the total number of school children treated was just below the total for 1967, despite extra staff. The total work carried out also showed no increase. In part this is no doubt due to the high proportion of newly trained or qualified staff, but I have no doubt that there was a slackening of effort on the part of a few members of the staff. Any such slackening the service cannot afford, but incentive is damped down by the uncertainties of the future of all health services.

The pattern of treatment for each category is given in Table E. It is disappointing that, although the fillings for pre-school children increased, the extractions increased also. This has relevance to the figures of caries prevalence in 5-year olds, and prompts the fear that "dental cripples" may show no improvement next year. In school children, the reduction in the number of fillings in permanent teeth per 100 is probably due more to an increased frequency of inspection (entailing less work required in each treatment course) than to an actual drop in total decay. The drop in extractions is welcome: will extractions for school children increase again if there is now an increase in pre-school extractions? Only time will show.

*Table E—Treatment per 100 Patients*

	Mothers			Pre-School			School		
	1968	1967	Av. 1962 -66	1968	1967	Av. 1962 -66	1968	1967	Av. 1962 -66
Fillings (permanent teeth) ...	190	181	176	—	—	—	168	177	181
„ (temporary teeth) ...	—	—	—	228	217	159	75	68	49
Total Extractions ...	139	143	149	88	79	110	54	59	67
Ratio of teeth filled to teeth ex- tracted for caries (permanent)	—	—	—	—	—	—	20.2 to 1	21.0 to 1	15.9 to 1

### *Orthodontic Treatment*

The demand continues to grow. Table F provides a picture of the trends. It will be seen that the total number under treatment in 1968 rose by 9% over 1967, and although the increase of new cases started was less than the increase recorded in 1967 over 1966, there was a drop in the total completed or discontinued, so that the number of cases carried forward to 1969 showed an increase of 154. Once again, only 4% of orthodontic cases had to be discontinued for various reasons.



*Table F—Orthodontic Treatment*

	Number	Percentage of total under treatment	Percentage increase over 1967
Cases under treatment, 1968 ... ..	1,526	—	9%
New cases started in 1968 ... ..	663	43%	5%
Cases completed in 1968 ... ..	452	30%	4%
Cases discontinued in 1968 ... ..	56	4%	0%
Total completed and discontinued in 1968	508	34%	4%
Cases c/f to 1969 ... ..	1,018	67%	—

Of the 1,526 cases under treatment, 357 were treated by appliances only, 1,062 by extraction and appliances, and 107 by extractions only. 1,610 permanent teeth were removed for orthodontic reasons—44% of all permanent teeth extracted. Dental officers treated 16% of new cases, usually after advice from one of the orthodontists. The number undertaken by dental officers more than doubled compared with previous years, and I believe this to be a healthy trend.

Both Mrs. Popplewell and Mr. Everard continued their honorary sessions at Bristol Dental Hospital, giving them the benefit of access to consultant opinion. Mr. Everard continued his attachment to the cleft palate clinic in Gloucester.

General dental practitioners referred 30 of the new cases, and treatment was continued for 29 cases at schools in Gloucester City, for whom orthodontic treatment had been started while they were in attendance at County schools now transferred.

#### *Anaesthetics*

Of the 207 general anaesthetic sessions, 198 (96%) were attended by medical anaesthetists (mostly with consultant appointments in the hospital service) employed sessionally for the purpose. Emergency cases were dealt with either by combining the services of two dental officers or by one of the sessional anaesthetists.

Local anaesthesia was used for extraction of 68% of teeth for mothers, 11% for pre-school children and 44% for school children.

#### *Training Centres*

Only 2 of the 6 junior training centres received a visit for dental inspection during 1968. Treatment was, however, carried out for 37 patients, mostly at the request of staff at the centres. An outline of the treatment is given in Table G. A number of patients who presented a particular medical risk or could only be treated under prolonged general anaesthesia were referred to hospital. We are particularly fortunate in the help received in this respect from Bristol Dental Hospital ; despite accommodation problems, the dental staff of the South West and Oxford Regional Boards did all they could.

*Table G—Training Centres*

Inspected	...	...	...	...	...	94
Requiring Treatment	...	...	...	...	...	56
Treated	...	...	...	...	...	37
Fillings	...	...	...	...	...	26
Extractions	...	...	...	...	...	37
Dentures	...	...	...	...	...	4

*Kingswood Training and Classifying Schools*

The Education Committee acceded to a request from the Governing Body of the Home Office approved schools for provision of dental inspection and treatment. The cost was met by the Home Office. A mobile clinic was taken into the grounds, and Mr. Stables, who carried out the work, received the highest level of co-operation from the Principal and his staff. The figures are given in Table H.

*Table H—Kingswood Training and Classifying Schools*

Inspected	...	...	...	...	...	108
Requiring Treatment	...	...	...	...	...	104
Treated	...	...	...	...	...	91
Fillings	...	...	...	...	...	198
Extractions	...	...	...	...	...	27
Dentures	...	...	...	...	...	—

*Dental Laboratory*

Staffing difficulties made it necessary for the first time to send a proportion of the mechanical work out to commercial laboratories. One experienced technician resigned in May, having set up his own laboratory. The second apprentice to be trained in the laboratory completed his articles and passed his Final City and Guilds examination in July, and shortly after left for a more remunerative post with a general practitioner. Replacement at the present salary scale proved impossible. It is most sincerely to be hoped that the maxillo-facial grading, to which the technicians' work for the hospital consultants and the County orthodontists clearly entitles them, as agreed by the Establishment Committee, will shortly be approved by the Management Side of the Whitley Council. A new apprentice was appointed in September, but in the early years of apprenticeship a boy is necessarily as much of a liability (for training time) as an asset. There is a severe shortage of dental technicians, and the Standing Dental Advisory Committee set up a sub-committee to look into the subject. Their report, published in September, recommended that the hospital service should reorganise its laboratories into fewer and larger units, and include where possible work for other services such as the local authority. This concept has in fact been in operation in Gloucestershire for 15 years. The County laboratory has made all dentures and other appliances, including advanced facial prostheses, for the two dental consultants in the local clinical area, and for some years has carried out all work for Gloucester City also. Experience shows that, with an establishment of 4 technicians and one apprentice, the laboratory is probably the smallest viable unit. For the hospitals in the area



to set up their own laboratory, as has been suggested for many years, would be grossly uneconomic unless they took over the whole County laboratory and its commitments. The new laboratory in Gloucester will provide excellent premises in a purpose-built unit capable of housing a staff of 6 or 7. It remains to be seen if it can be staffed.

It has been instructive to calculate that the cost of sending out work, due to staff shortage, has been considerably in excess of the costs of producing the same work in the County laboratory. Rightly or wrongly, the laboratory has continued to give priority to the needs of the hospital consultants, and the City, and it is the work of our own orthodontist in the South of the County that has been farmed out. Clinically this has been satisfactory, since technicians from a laboratory at Hanham call at clinics for the work. If the staff shortage continues, the subject should be regarded as one requiring a policy decision.

The work of the laboratory, given in outline in Table I, shows a drop in production of about 17% compared with 1967. The staff shortage was equivalent to nearly 20%, indicating further that the laboratory has always worked to capacity.

*Table I—Work of the Dental Laboratory*

Ortho- donic Appliances	Dentures	Repairs and Relines	Crowns and Inlays	Study Models (pairs)	Splints and Special Appliances	Total No. of Operations
998	419	119	93	2,474	78	4,203

### *Special Projects*

Mr. Willetts began in the Tewkesbury area a three-year investigation into the effect of topical application of fluoride on the smooth surfaces of permanent teeth in primary school children. Prof. P. M. C. James, Professor of Dental Health at Birmingham University, gave great help and guidance in the design of this project, which will include an assessment of the economics, in terms of manpower-time, of this treatment, as well as studying effectiveness.

Mr. Pengelly continued his collection of suppressed eruption cases, and his records of the incidence of incisor caries in primary and secondary children, which continued to show a correlation with the sale of biscuits in primary schools. The latter subject was used for his Presidential address to the Dental Group of the Society of Medical Officers of Health.

### *Courses and Conferences*

In May a course on the Dental Health of Pre-School Children was organised by the Dental Group of the Society of Medical Officers of Health, and was held at Cowley Manor. Nine members of the dental staff attended, three of them without cost to the authority in an ex-officio capacity or as speakers.

Mr. Pengelly attended the Annual Conference of the B.D.A. in June. Mr. Everard continued his study of orthodontics in London and Bristol. Mrs. Miles attended the course on "Speaking with Confidence" in December. Two of the senior dental officers have honorary sessions at Bristol Dental Hospital.

### *The Future*

The Seebohm Report and the Green Paper have little direct reference to the local authority dental services. The uncertainty caused by their indirect impact, coupled with the awaited Report of the Royal Commission on Local Government, makes any forward planning difficult, if not impossible. Generally speaking there is a good case for the integration of all dental services. The transfer of a salaried nucleus to a proposed Area Board (or other form of Authority) could enable the work of the local authority services to be extended to all cases where dental need is at present inadequately met, for instance among mentally and physically handicapped persons, the elderly and others. This report should indicate how deeply the school dental service is interwoven with educational services. To leave the school dental service in isolation in a local education authority would almost certainly lead to its decline, fall and demise. From the point of view of providing for the public the widest range of dental service, from preventive services to specialist types of treatment, the only method of preserving invaluable existing links would appear to be the incorporation by the projected new all-purpose authorities of all dental services. Education, health and social welfare under a single umbrella appears to me to give by far the best scope for the individual in youth or age to have the most comprehensive dental welfare.

### *Conclusion*

The retirement of Dr. G. F. Bramley makes it fitting to pay tribute to all his efforts to expand and improve the County dental services. During his 19 years in Gloucestershire the dental staff has trebled and a somewhat backward service has become one of the most complete and progressive in the country. All my dental colleagues will wish him a happy retirement.

As always, my sincere thanks are due to all those concerned with the dental services. In particular I would mention heads of schools and health visitors, and the notable contribution made by the "back-room boys" of the dental office staff, despite the difficulties entailed in staff changes during the year.

### (x) HEALTH VISITING

Although we were not, by the end of the year, fully staffed the County has maintained a good complement of its establishment.

On December 31st, there were :—

County Superintendent Health Visitor	...	...	...	1
Deputy Superintendent Health Visitor	...	...	Vacancy	
Full-time Health Visitors	...	...	...	79
Part-time Health Visitors	...	...	...	8
District Nurse/Midwife Health Visitors	...	...	...	23
State Registered Nurses (Assistants to Health Visitors)	...	...	...	10

Six health visitors are Group Advisors and ten health visitors are Fieldwork Instructors.

Our policy of closer working with General Practitioners continues, and we now have 34 practices with 94 Doctors and 45 Health Visitors integrating to give a better public service. We visit over the boundaries of Cheltenham Borough and in the case of one practice, Herefordshire.

Gradually more ancillary help is being recruited to enable the health visitor to make effective use of her training and to devote more of her time in practice of her individual skills.

The health visitor's work is preventive, supportive and educational. She is expanding her work in the Child Welfare Clinic, and Health Education Field, in Parentcraft Teaching in Schools and with Adult Organisations.

The pattern of work is changing. Whilst more people were visited in 1968 than in 1967 the total number of visits was less. More visits were paid to the aged, to mentally disordered persons, and to patients discharged from hospital. There was a 50% drop in the number of visits paid to tuberculous households.



Regular visits were paid to Paediatric, Geriatric, and Maternity Hospitals for the purpose of ensuring domiciliary care in necessary conditions.

Health Visitors have assisted in the training of Student Health Visitors, State Registered Nurses, Enrolled Nurses and Social Work Students. In addition our ten Fieldwork Instructor Health Visitors continued to work closely with the Health Visitor Training School of The North Gloucestershire Technical College, Cheltenham.

The bi-annual Refresher Course was held at Cowley Manor in September. This year for the first time a central theme ran through the course. This theme was Modern Living, all the aspects of which affect the Health Visitor and her work. The normal five yearly Refresher Courses for Health Visitors were attended by the appropriate members of staff.

Some idea of the quantitative value of the work of the Health Visitor is shown in the figures given below, the increasing qualitative value is seen in the demand for more Health Education Talks, for more General Practitioner Attachment and by the full use made of the Health Visitor by the public.

#### HOME VISITS MADE BY HEALTH VISITORS

Born in 1968	...	...	...	...	...	8,570
Born in 1967	...	...	...	...	...	9,688
Born in 1963 - 66	...	...	...	...	...	20,229
Persons aged 65 and over	...	...	...	...	...	3,245
Mentally disordered persons	...	...	...	...	...	365
Persons discharged from hospital	...	...	...	...	...	315
Tuberculous households	...	...	...	...	...	433
Other Cases	...	...	...	...	...	5,183
Total visits to children under 5 years	...	...	...	...	...	118,385
Total all other visits	...	...	...	...	...	22,330
Ineffective visits	...	...	...	...	...	22,501

#### SESSIONS ATTENDED

Schools	...	...	...	...	...	2,299
Child Welfare Clinics	...	...	...	...	...	5,148
Cytology Clinics	...	...	...	...	...	237
Ante-natal and Mothercraft	...	...	...	...	...	1,456
Group Teaching	...	...	...	...	...	570
Mothers' Clubs	...	...	...	...	...	183

#### HEALTH EDUCATION BY HEALTH VISITORS

Talks given	...	...	...	...	...	1,998
Persons present	...	...	...	...	...	25,837
Mothercraft	...	...	...	...	...	1,281
Smoking (Schools)	...	...	...	...	...	102
Parentcraft (Schools)	...	...	...	...	...	298
Other School Talks	...	...	...	...	...	32
Adult Organisations	...	...	...	...	...	285

*Nurse Assistants to Health Visitors*

SESSIONS ATTENDED					
Ante-natal ...	...	...	...	...	146
Chest Clinics ...	...	...	...	...	79
Child Welfare Clinics	...	...	...	...	268
Cytology Clinics ...	...	...	...	...	139
Immunisation Clinics	...	...	...	...	233
Ophthalmic Clinics	...	...	...	...	98
School Medical Inspections	...	...	...	...	948
Hygiene Inspections	...	...	...	...	130
Others at Schools (Polio, Vision)	...	...	...	...	126
Superannuation Medicals and Clerical Work	...	...	...	...	446
Total ...					2,613

*Health Visitors' Training Course*

Twenty-two students completed the Course and took the written examination at the end of the academic year in June. A ten week period of Supervised Practical Work followed and the Course terminated with the Oral Examination held on 9th and 10th September. The County Medical Officer of Health, Senior Medical Officer for the County, a Lecturer from the North Gloucestershire College and one from St. Paul's College of Education acted as internal examiners and were responsible for the written examination. The external examiner, Dr. B. N. Thompson, Senior Medical Officer for Maternal and Child Welfare Services, Somerset County Council, was responsible for conducting the oral examination in conjunction with the Health Visitor Tutor.

Twenty-one students successfully passed the Final Examination, one with distinction, seven with credit and were subsequently awarded the Certificate for the Training of Health Visitors. One student from Turkey, sponsored by the World Health Organisation, obtained her basic nursing qualifications in Turkey and therefore was not eligible to apply for the award of the Health Visitors' Certificate of the Council.

Ten students were appointed as full-time Health Visitors in the County, one being appointed to work in Cheltenham, two students sponsored by the County terminated their contract of service. Nine students returned to their sponsoring Authorities to fulfil their contract of service, one student returned to work with S.S.A.F.A. in Germany and the student sponsored by the World Health Organisation returned to Turkey to carry out Public Health work.

Twenty-five students were accepted for training in the present Course which commenced on the 15th September. Thirteen were selected under the County's scheme, two being appointed to work in Cheltenham; twelve were sponsored by other Authorities. Two students sponsored by the County had to withdraw their application because of family commitments. There are, therefore, twenty-three students at present in training.

The one-year course aims to provide a comprehensive practical and theoretical training. Lectures are given by the staff of the North Gloucestershire College, St. Paul's College of Education, County Health Department staff and visiting lecturers. Theoretical work is based on the syllabus published by The Council for the Training of Health Visitors and includes Development of the Individual, The Individual in the Group, Social Policy, Social Aspects of Health and Disease and the Principles and Practice of Health Visiting. Practical training during the academic year is received in the County, Gloucester County Borough, Worcestershire County, and Worcester County Borough. A ten-week of supervised practical work undertaken in the area of the sponsoring Authority completes the training period of one calendar year.



*Medical Arrangements for Long Stay Immigrants*

Following notice from medical inspectors at ports new immigrants are visited as soon as possible after their arrival by health visitors, who in spite of some language difficulties have been able to give information about the health services and to encourage chest X-ray examinations, where appropriate.

The countries issuing the passports were as follows :—

(a) <i>Commonwealth Countries</i>			(b) <i>Non-Commonwealth Countries</i>			<i>Total</i>
(i) Caribbean	...	2	(i) European	...	46	
(ii) India	...	18	(ii) Other	...	5	
(iii) Pakistan	...	3				
(iv) Other Asian	...	7				
(v) African	...	16				
(vi) Other	...	16				
		—			—	—
		62			51	113
		—			—	—

In 1967, 99 notices were received in respect of 52 immigrants from Commonwealth Countries and 47 others.

(xi) VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1968

TABLE 1—COMPLETED PRIMARY COURSES

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961–1964		
1. Quadruple D.T.P.P. ...	—	6	—	—	—	—	6
2. Triple D.T.P. ...	3,031	6,239	210	56	76	10	9,622
3. Diphtheria/Pertussis ...	—	2	—	—	—	—	2
4. Diphtheria/Tetanus ...	18	66	19	14	338	213	668
5. Diphtheria ...	—	—	—	—	2	1	3
6. Pertussis ...	1	—	—	—	—	—	1
7. Tetanus ...	—	1	12	4	36	578	631
8. Salk ...	5	42	12	3	2	1	65
9. Sabin ...	2,448	6,078	484	184	642	159	9,995
10. Measles ...	36	1,242	1,165	993	3,361	101	6,898
11. Lines 1+2+3+4+5 (Diphtheria) ...	3,049	6,313	229	70	416	224	10,301
12. Lines 1+2+3+6 (Whooping Cough) ...	3,032	6,247	210	56	76	10	9,631
13. Lines 1+2+4+7 (Tetanus) ...	3,049	6,312	241	74	360	801	10,837
14. Lines 1+8+9 (Polio) ...	2,453	6,126	496	187	644	160	10,066

TABLE 2—REINFORCING DOSES

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961- 1964		
1. Quadruple D.T.P.P. ...	—	1	—	—	—	—	1
2. Triple D.T.P. ...	3	1,939	3,210	338	984	173	6,647
3. Diphtheria/Pertussis ...	—	2	—	—	—	—	2
4. Diphtheria/Tetanus ...	1	34	253	77	7,194	4,684	12,243
5. Diphtheria ...	—	—	3	—	28	181	212
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	43	19	132	878	1,072
8. Salk ...	—	4	10	2	5	3	24
9. Sabin ...	2	411	693	134	7,616	764	9,620
10. Measles ...	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria) ...	4	1,976	3,466	415	8,206	5,038	19,105
12. Lines 1+2+3+6 (Whooping Cough) ...	3	1,942	3,210	338	984	173	6,640
13. Lines 1+2+4+7 (Tetanus) ...	4	1,974	3,506	434	8,310	5,735	19,963
14. Lines 1+8+9 (Polio) ...	2	416	703	136	7,621	767	9,645

TABLE 3—SMALLPOX VACCINATION

Numbers	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	Total
Vaccinated ...	19	46	59	172	4,149	1,207	289	5,941
Re-vaccinated ...	—	—	—	—	4	74	467	545

TABLE 4—TUBERCULIN TEST AND B.G.G. VACCINATION

## A. CONTACTS :

Skin Tested	...	...	...	...	...	426
Found Positive	...	...	...	...	...	66
Found Negative	...	...	...	...	...	333
Vaccinated ...	...	...	...	...	...	307

## B. SCHOOL CHILDREN AND STUDENTS :

Skin Tested	...	...	...	...	...	6,476
Found Positive	...	...	...	...	...	802
Found Negative	...	...	...	...	...	5,674
Vaccinated ...	...	...	...	...	...	5,640



## (xii) AMBULANCE SERVICE

(a) *Cases carried and mileage run during 1968 were as follows :—*

Patients					Mileage				
(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total	(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total
78,660	92,080	43,333	52,228	266,301	725,092	349,021	324,089	622,980	2,021,182

The corresponding totals for 1967 were 242,549 patients and 1,872,618 miles, the increases in 1968 amounting to 9.7% and 7.9% respectively. Five hundred and four patients requiring long distant transport were conveyed by rail compared with 625 in the previous year.

(b) *Stations*

A new station was opened at Yate and the building of a new station was commenced at Moreton-in-Marsh.

(c) *Controls*

On 1st October a Control Room was opened in Gloucester replacing Control Rooms at Stroud and Cinderford.

(d) *Personnel*

Staffing at the end of 1968, excluding Headquarters and Workshop Staff, was as follows :—

4 Superintendents, 14 Control Operators, 124 Driving Staff.

(e) *Vehicles*

Vehicle strength at the end of the year was :—

31 Ambulances.

17 Bus-type vehicles.

14 Sitting case cars.

Additional to the above—4 Ambulances which were due to go out of service were converted to Emergency Equipment Vehicles for Major Incidents and are located at Cheltenham, Cinderford, Stroud and Almondsbury.

(f) *Training*

Twenty-five new entrants to the Service each received two weeks' residential training and 112 members of the Service were given one week's Standardisation Training. Twelve men completed a course on Methods of Instruction and now assist with service training and talks to outside organisations.

## (xiii) PREVENTION OF ILLNESS AND AFTER-CARE

(a) *Chiropody*

The County Service first came into operation on 1st April, 1960, and was provided by three whole-time and twelve part-time Chiropodists. During the nine months ended 31st December, 1960, 7,504 treatments were given and there were 2,112 persons on the Chiropody Registers. At the 31st December, 1968, there were eight full-time Chiropodists and six part-time Chiropodists, there were 6,796 persons on

the Registers and 25,363 treatments were given during the year. The number of Centres, including Old People's Homes and Homes for the Blind at which treatment is given, has increased from 77 in 1960 to 126 in 1968. In addition there are 512 patients who receive treatment at home. Since 1960 the charge to the patient has remained at 2/- per treatment, but persons in receipt of supplementary benefits from the Department of Health and Social Security have received free treatment on production of their pension books.

From the beginning of the service valuable assistance has been given, and continues to be given, by voluntary organisations and individuals who arrange appointments and assist the Chiropodists at their clinics.

In Cheltenham Borough, where service is provided by private Chiropodists, there were 656 persons on the register and 1,302 treatments were given during the year.

At Clinics and Centres			Welfare Homes	Blind Homes	Domiciliary Treatment	Total Treatments
Elderly	Physically Handicapped	Expectant Mothers				
19,930 (19,555)	346 (292)	12 (6)	3,214 (3,042)	315 (321)	1,546 (1,780)	25,363 (25,031)

Figures in brackets were for 1967.

(b) *Tuberculosis*

On 31st December, 18 persons were receiving two pints of free milk per day and 3 persons were receiving one pint, compared with 29 and 3 respectively in 1967.

Summary of formal notifications during the year :—

Age Periods	Formal Notifications														
	Number of Primary Notifications of new cases of tuberculosis														Total
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Age un-known	
Respiratory, Males	—	—	2	2	—	1	3	3	5	11	9	6	2	—	44
Respiratory, Females	1	—	—	1	1	1	4	1	4	—	1	—	—	—	14
Non-Respiratory, Males	—	—	—	—	—	—	1	1	—	—	—	1	—	—	3
Non-Respiratory, Females	—	—	1	—	—	—	1	3	—	1	3	—	2	—	11



Persons removed from the register during year :—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of notification ...	—	1	1
(b) Recovery ... ..	271	38	309
(c) Death ... ..	34	6	40*
(d) Left County or no trace ...	22	4	—

\*This includes 15 who died from other causes.

#### *Mass Radiography Service*

The Organising Secretary of the Mass Radiography Service, South Western Regional Hospital Board, has provided the following figures for 1968 in respect of sessions held in Gloucestershire.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Total X-rayed ... ..	12,184	9,086	21,270
Abnormalities detected ... ..	350	165	515
No diagnosis yet received ... ..	11	10	21
Abnormalities—Active Tuberculosis ... ..	5	6	11
Requiring Observation ... ..	3	—	3
Healed Tuberculosis ... ..	53	26	79
Non-tuberculous Cases ... ..	278	123	401

#### *Bristol Chest Clinics—Social Work*

Arrangements with the Bristol Corporation whereby Gloucestershire residents who attend the Bristol Chest Clinics and Hospitals are supervised by Bristol Welfare Officers, continued to work smoothly. Seventy-four patients were seen by the Social Workers, 56 of whom were admitted to Ham Green Hospital, many were seen each week when the hospital was visited. Only 8 of the patients referred were suffering from Tuberculosis.

REPORT OF F. J. D. KNIGHTS, ESQ., M.D., F.R.C.P.  
SENIOR CHEST PHYSICIAN, NORTH GLOUCESTERSHIRE CLINICAL AREA

Forty-one cases of tuberculosis in the northern area of the County of Gloucestershire, including Cheltenham Borough, were handled in the Chest Clinic services. They are analysed as follows :—

	Haematogenous, including Miliary and Meningeal	Abdominal Orthopaedic and Cervical Glands	Primary or post-primary infection	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis	Total
<i>County</i>	—	2	6	3	16	2	29
<i>Cheltenham</i>	—	2	1	3	3	3	12

Of the 29 County patients 17 were referred by general practitioners, 6 by other hospital departments, 3 were picked up as contacts, and 3 were referred from other sources. There were no immigrants among this number.

*Contact Examinations*

Twenty-six of these cases called for fresh contact action. One hundred and thirty-five contacts were called, and 114 were examined, a response of 84%. In addition to this, a number of contacts in areas outside Gloucestershire were referred to their appropriate chest clinics for action.

Average number of contacts per case : listed 5.  
seen 4.4.

No adult was picked up as a result of these examinations. Of the 41 children called, 38 attended, of which 32 were B.C.G. vaccinated, and 6 were tuberculin positive. Of these 6, 1 child was notified, a primary infection in the lung, a contact of her grandfather. She was admitted to hospital. The other 5 were kept under out-patient supervision.

REPORT OF R. A. CRAIG, ESQ., B.Sc., M.D., M.R.C.P.  
CONSULTANT CHEST PHYSICIAN, BRISTOL CLINICAL AREA

The sex and age distribution of new cases of pulmonary tuberculosis occurring in South Gloucestershire residents, notified by Bristol Chest Clinic during 1968, is shown in the accompanying Table.

Four new cases of non-respiratory tuberculosis were notified in 1968. In the 25 to 44 years age group there were two cases of tuberculous endometritis and one of tuberculous lymphadenitis of neck. One case of tuberculosis of the spine was notified in a male aged 69 years.

One case of pulmonary tuberculosis, originally notified ten years previously who had received three years chemotherapy, was returned to the Register with a minor, and not entirely proven, extension of disease.

There were seven inward transfers of cases of pulmonary tuberculosis. In five their infection was quiescent but in two it was active ; both of these stayed at Winterbourne Reception Centre and have now left the area.



*New Cases of Pulmonary Tuberculosis in 1968*

Age Group in years	Sputum Negative Cases			Sputum Positive Cases			All Cases		
	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes
0 - 14	0	0	0	0	0	0	0	0	0
15 - 44	0	2	2	3	1	4	3	3	6
45 - 64	1	2	3	3	0	3	4	2	6
65+	0	0	0	1	0	1	1	0	1
All Ages	1	4	5	7	1	8	8	5	13

## (c) HEALTH EDUCATION

The In-Service Training of personnel who are interested in undertaking health education is one of the most important aspects of the work. For this purpose groups of health visitors visit the section for discussion on techniques and to become familiar with audio visual aids, which are available for the illustration of talks and for the promotion of discussion. Also, the residential course entitled "Speaking with Confidence" was again held successfully in December at Cowley Manor, twenty-five members took part with four resident tutors and four lecturers. Expansion depends on an ever increasing number of people willing and able to undertake the work and again this expansion has taken place in many spheres.

Parentcraft classes are still the most popular form of health education with 1,380 sessions for expectant parents, an increase of 289 over 1967 and the subject of child care in secondary schools for girls in their fifth year is also becoming increasingly popular, 395 sessions being given. A syllabus from the National Association for Maternal and Child Welfare is widely used, the girls taking the examination prepared by the Association, with the successful candidates being awarded a diploma. Parentcraft leads imperceptibly into education for personal relationships, including sex education, and a definite programme, with training of selected speakers, was started in the latter part of the year. This programme is for parents of primary school children, is arranged through the Parent/Teacher Associations of interested schools and is linked with the E.P.R. syllabus in secondary schools. Six such sessions were held and proved very successful.

The cigarette smoking and health campaign continued, particularly in the schools, 193 schools taking part. The opportunities offered during cancer education talks are taken to stress the lethal part played by the cigarette in lung cancer. Seventy-three talks on "The Hopeful Side of Cancer" were given to adult organisations.

Exhibitions were again mounted at Stroud Agricultural Show ; Cirencester (in co-operation with the Gloucestershire Association for Family Life) ; Cinderford ; Cainscross ; Kingswood ; Soundwell and Dursley. Subjects included, "Health in Middle Age," "Cancer," "The Uses of Leisure," "Aspects of Family Needs," "Dental," "Food Hygiene," "Play Needs for Children" and "Prevention of Accidents." Support was given to the South Western Area Home Safety Committee in their campaign "Prevention of Accidental Poisoning" through publicity and with the co-operation of pharmacists for the return of unused drugs.

## TALKS GIVEN

Parentcraft Classes	...	...	...	...	1,380
Adult Organisations	...	...	...	...	691
Youth „	...	...	...	...	180
Schools (Parentcraft)	...	...	...	...	380
„ (Smoking and Health)	...	...	...	...	193
„ (Other)	...	...	...	...	63
Film Shows	...	...	...	...	505

## (d) GENERAL

(i) *Home Nursing Requisites*

The British Red Cross Society and the St. John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles. The two organisations maintained 66 depots and the voluntary effort expended in administering these depots is a source of much satisfaction. Articles which are required for long periods or permanently are supplied through the Department.

(ii) *Rest Homes*

Patients, including old people in need of rest and recuperation, numbering 284 in the year, were sent to voluntary administered homes. This figure excludes mothers with young children sent for Mothercraft training, who have been included in the Maternity and Child Welfare section on this report.

## (xiv) HOME HELP

During the year the basic case load of the long term elderly and chronically sick patients assisted by this Service continued to grow, and at the end of the year there was an increase of 150 continuous cases. The total number of cases helped during the year were up by 144, but although the total number of aged and chronic sick cases were up by 228, the maternity cases dropped by 142. The other notable increase was under the category "others" which includes short term general sickness cases and child care cases.

The Child Care Service increased during the year, long term care being given to 33 motherless families involving 103 children. In five cases special home helps were recruited as permanent home helps for these families. Fifty-four families were given help involving 189 children, where the mother was temporarily absent because of illness, hospital treatment or confinement. The home helps find this work very demanding but the satisfaction of preventing the break-up of these families brings its own reward. At the end of the year 500 hours help were currently being given to families needing this kind of support.

The Night Sitting Service was only used on 13 occasions during the year in spite of renewed publicity of the facilities the Service offers.

At the beginning of the year, expansion of the Service to meet increasing demands was limited because of the shortage of recruits in several parts of the County, but as the year progressed the situation changed and more labour became available. However, during the Summer because of impending financial restrictions efforts were made to limit further expansion and a series of economies were started. Little or no help was given during the staff holidays for a long term cases, and all new cases were provided with the minimum amount of help.

In an attempt to keep down the heavy National Insurance Payments of part-time employees, who were available for only a limited number of hours each week, a review of staff was made. In some cases the hours worked were reduced to 8 and in others they were increased to 15 or more. This increased the annual turnover of staff from a yearly average of 25% to 33½%.



A survey of the forms of transport used by the home helps was made during the year and this showed that apart from the 21 County Moped users, 13 others used their own mopeds, 7 were authorised car users, 24 used their own cars, 255 were regular cyclists and 301 used public transport. 50% of the staff walk to work and are paid no travelling expenses.

There has been a considerable increase in the pressure put on the regular part-time staff, but they have been extremely co-operative in making it possible for support to be maintained for current cases, while taking on additional work, with very little increase in the individual allocation of hours.

The amount of work the loyal home helps do is not completely reflected in the hours shown in the schedule as many of them provide additional voluntary service to the elderly and handicapped, outside normal working hours. They have done their best to see that in spite of the unavoidable cuts in the Service as little hardship as possible is felt by those patients having reductions in their normal allocations of help.

Although the hours shown as worked in the schedule are less than previous years, it should be mentioned that the hours actually paid are more as there has been an increase in the sickness rate of  $1\frac{3}{4}\%$  and the holiday entitlement has increased as holiday pay was up by 2%.

The Annual Conference of Home Helps was held in Stroud this year and proved as popular as ever. Three hundred and fifty home helps, clerical and organising staff attended.

Some boundary changes were made in the Organisers' areas during September resulting in the load of work in the Southern half of the County being spread and the Patchway Home Help Office being closed. Two Area Organisers (the one from Patchway and one of the Stroud Organisers) are now based in the Thornbury Health Centre. No additional staff were appointed, but a re-allocation of the case loads eased the pressure on the two organisers at Kingswood.

#### *Home Helps*

13 full-time (including 2 residents).

1,186 part-time and casual

Total number of hours for year : 842,158.

#### *Families Assisted*

	Aged 65 and over on 1st visit	Aged under 65 on first visit				Total
		Chronics and T.B.	Mentally Disord'd	Maternity	Others	
Cases current 1st Jan., 1968	2,456	270	20	17	143	2,906
New cases occurring during the year ... ..	1,149	150	24	660	731	2,714
Resident cases ... ..	—	—	—	9	3	12
Night sitting cases ... ..	13	—	—	—	—	13
Total for year ... ..	3,618	420	44	686	877	5,645

Families investigated where no help was given : 925.

## (XV) MENTAL HEALTH

The figures relate to the whole County, including the Cheltenham Municipal Borough.

## 1. ADMINISTRATION

*(a) Future Development*

As a preliminary step towards implementation of the Seebohm Report, it is now the Council's policy to plan for the adjacent accommodation of social workers so that effective co-ordination at the field-work level may be achieved. Responsibility for matters relating primarily to casework problems is now dealt with in the area offices, and the relevant records are being dispatched to these offices.

Monthly staff meetings are held to discuss developments, and individual casework problems where discussion may assist in reaching a solution of clients' difficulties and has a value in the teaching or training of the staff.

*(b) Mental Nursing and Residential Homes*

One Mental Nursing Home remains on the Council's register, and is regularly visited.

Registration of The Burden Neurological Institute terminated on 31st March, 1968, as the South Western Regional Hospital Board then assumed responsibility for its management.

The proprietors of Prestbury House were unable to comply with the requirements of the Fire Prevention Officer, and the registration of these premises, as a Residential Home, was therefore cancelled.

## 2. STAFF

*(a) Social Workers*

The established Mental Welfare Officer posts were all filled, as shown on the following schedule. There are, at present, three female Mental Welfare Officers. The proportion of qualified Officers is now better than for many Authorities, but the service must offer promotion prospects, comparable to other social services, if this satisfactory state is to continue.

Post Held	Certificate in Social Work	Declaration of Recognition of Experience	Attending Qualifying Courses	Others	Number Employed
Senior Mental Welfare Officers	*4	*2	1	—	6
Mental Welfare Officers	9	—	4	4	17
Trainee Welfare Officers	—	—	2	4	6
Totals	*13	*2	7	8	29

\*One Senior Mental Welfare Officer holds the Certificate in Social Work and also the Declaration of Recognition in Experience.



The Principal Social Worker and the Administrative Assistant for Mental Health also hold the Declaration of Recognition of Experience.

(b) *Training Centre Staff*

The following schedule shows the teaching staff in posts at 31.12.68, who are qualified and/or experienced.

A Diploma Course, of one year's duration, commenced in 1968 at the Bristol College of Commerce, for staff having at least five years teaching experience and aged 35 years and upwards. A member of the Thornbury staff is seconded to the 1968 - 69 Course, and it is hoped to second three further staff to the 1969 - 70 Course. All the staff willing to attend Courses will then have been afforded an opportunity of qualifying.

Teachers were appointed at the Blackhorse and Cinderford Adult Centres with specific responsibility for the development of effective programmes of educational and social training.

Training Centres Staffs	N.A.M.H. Diploma	Qualified by Virtue of Trade	Attending Courses	Declarat'n of Recognition of Experience	Unqualified—Training Centre Service					Totals
					Over 10 yrs.	8 - 10 yrs.	6 - 8 yrs.	4 - 6 yrs.	less than 4 yrs.	
Head Teachers	6	—	—	—	—	—	—	—	—	6
Managers	2	—	1	—	—	—	—	—	—	3
Instructors	7	4	—	2	1	—	—	2	4	20
Teachers	13	—	—	2	—	—	—	—	—	15
Assistant Supervisors	—	—	2	—	1	3	—	4	3	13
Trainee Assistant Supervisors	—	—	3	—	—	—	—	—	4	7
Teachers (part-time)	—	1	—	—	—	—	—	—	—	1
Totals	28	5	6	4	2	3	—	6	11	65

### 3. WORK IN THE COMMUNITY

(a) *Mental Illness*

(i) COMMUNITY CARE

At 31st December, 1968, the Mental Welfare Officers were visiting 821 patients, compared with 724 on 31st December, 1967.

## (ii) HOSPITAL ADMISSIONS AND DISCHARGES

The Mental Welfare Officers were directly concerned with the admission of 595 mentally ill patients. Cases admitted in 1967 totalled 541.

Informal	...	...	...	247 (41.5%)
Observation (S.25)	...	...	...	141 (23.7%)
Treatment (S.26)	...	...	...	21 (35.0%)
Emergency (S.29)	...	...	...	185 (31.1%)
Court Orders	...	...	...	1 (0.2%)
				—
				595
				—

The following table, compiled from information supplied by the Secretaries of the Hospitals concerned, summarises the County patients admitted for hospital treatment during 1968 :—

Hospitals						Informal	Subject to Detention	Total
Horton Road and Coney Hill	...	...	...	...	...	569	287	856
Glenside	...	...	...	...	...	222	27	249
Barrow	...	...	...	...	...	68	7	75
Littlemore	...	...	...	...	...	24	4	28
Totals ...	...	...	...	...	...	883	325	1,208

The number of patients admitted in 1967 was 1,179—868 informally and 311 on a compulsory basis.

Of the admissions with which Mental Welfare Officers were directly involved, there were more emergency (Section 29) admissions—i.e., 185 (31.1%) compared with 146 (27.0%) in 1967, and 156 (27.9%) in 1966. This increase occurred mainly in the Cheltenham area, from which 54 emergency admissions were necessary, compared with 44 such admissions in 1967.

(b) *Mental Subnormality*

## (i) COMMUNITY CARE

One hundred and seventy-nine new cases were referred, compared with 169 (1967), 210 (1966) and 246 (1965). The majority of referrals were again made on an informal basis.



Source of Referral	Subnormal (or possibly Subnormal)					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
LOCAL EDUCATION AUTHORITY Formally referred as unsuitable for education at school ... ..	2	—	—	—	2	10	8	—	—	18	20
Informally referred as unlikely to be suitable for education at school ...	11	4	—	—	15	6	13	—	—	19	34
Informally referred, awaiting place- ment in special school ... ..	7	2	—	—	9	—	—	—	—	—	9
SCHOOL MEDICAL OFFICER Informal referral for diagnostic atten- dance at training centre ... ..	1	—	—	—	1	—	—	—	—	—	1
For care and guidance after leaving school ... ..	5	4	33	29	71	—	—	—	—	—	71
Other local authorities ... ..	1	3	1	3	8	5	5	1	2	13	21
On discharge from hospital ... ..	—	—	1	3	4	—	—	—	1	1	5
Others (e.g. By Parents, M.W.O.'s, Children's Officer, etc.) ... ..	1	1	5	3	10	2	—	—	—	2	12
Totals ... ..	28	14	40	38	120	23	26	1	3	53	173

There were also 6 referrals of children (3 boys and 3 girls) under the age of 16 years, whose classification was pending.

The register, at 31st December, 1968, included 1,993 subnormal patients, compared with 1,949 at 31.12.67.

During 1968, the names of 42 persons were removed from the register. They had all succeeded in maintaining employment and acceptable social standards. A further 21 patients left Gloucestershire, and 11 died. During the year 9 children, attending training centres for observation and assessment, returned to the education system.

The register, at 31st December, 1968, included :—

Nature of care, treatment and guidance	Subnormal					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Receiving care and guid- ance in the community	69	39	429	322	859	86	82	170	155	493	1,352
Under Guardianship ...	—	—	—	—	—	—	—	1	1	2	2
In Hospital (including patients on leave) ...	13	12	129	116	270	59	31	148	131	369	639
Totals ... ..	82	51	558	438	1,129	145	113	319	287	864	1,993

Of the 1,354 patients receiving care and guidance in the community 393 (29%) were in regular employment. Comparable figures for 1967 were 371 (27.9%) employed, of a total of 1,324.

Employment placements were in the following trades :—

Agriculture	53	Local Authorities	14
Domestic Work	64	Remploy Factories	7
Factories	159	Retail Trades	29
General Labour	38	Other Work	29

## (ii) GUARDIANSHIP

At 31st December, 1968, there were only two patients under Guardianship, both residing in the Cheltenham area. For those patients requiring considerable help and control, intensive social support from the Welfare Officers is normally as effective as supervision with the statutory powers of a Guardianship Order. The availability of Assessment Clinics, and referral to Hospitals or Hostels, provides an effective means of securing control, treatment and training, when this is necessary.

## (iii) ASSESSMENT CLINICS

During 1968, 27 appointments (7 new cases and 20 for follow-up) were arranged, for Gloucestershire patients, at the Bristol Assessment Clinics and a further 141 appointments (46 new cases and 95 for follow-up) at the Gloucestershire Royal Hospital.

There is a waiting list for Clinic appointments and an increasing demand by parents for opportunities of meeting Consultant Psychiatrists for advice regarding the care, treatment and future accommodation of subnormal patients. The South Western Regional Hospital Board is considering the future provision of an additional Assessment Clinic—possibly sited in the Cheltenham area. Following discussions between the Deputy County Medical Officer of Health and a Consultant Psychiatrist arrangements were made for a bi-monthly Assessment Clinic to operate at the new Thornbury Health Centre, commencing in March, 1969.



## (iv) ADMISSIONS TO HOSPITAL—LONG-TERM CARE

Hospitals	Informal	Subject to Detention		Total
		On Application	Court Orders	
Stoke Park ... ..	19	1	1	21
Hortham ... ..	8	1	—	9
Brentry ... ..	1	1	—	2
Pewsey ... ..	1	—	—	1
Totals ... ..	29	3	1	33

During 1967, 32 patients were admitted to Hospital for extended care.

*Waiting List for extended Hospital Care—at 31st December, 1968*

Degree of Urgency	Subnormal				Sev. Subnormal				Totals			
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Urgently requiring admission ... ..	—	—	—	—	1	4	1	3	1	4	1	3
Early admission desirable ... ..	—	—	1	2	9	7	6	2	9	7	7	4
Included in list to cover possible breakdown of present arrangements (e.g., illness of parents, loss of residential employment) ... ..	3	3	3	11	6	1	10	8	9	4	13	19
Totals ... ..	3	3	4	13	16	12	17	13	19	15	21	26
(Oxford R.H.B. area) ... ..	—	—	(1)	(1)	(2)	(2)	(2)	—	(2)	(2)	(3)	(1)

The waiting list for long-term hospital care decreased slightly during 1968, and included 81 patients, compared with 83 (1967), 77 (1966) and 74 (1965).

The table gives an analysis of the waiting list, based on the relative urgency of the need for vacancies. The figures in brackets show the number of patients included in the total figures—on Pewsey Hospital Group waiting list, within the Oxford Regional Hospital Board area. Included in the list are 4 children, under the age of five years.

Many cases are included on the waiting list to cover a possible future need. Some of these patients may not require hospital admission when the Council's Hostel programme is fully developed. The future care of severely subnormal children is one of the major problems facing parents particularly when the parents ability to care for them is becoming affected by age or infirmity.

(v) ADMISSIONS FOR TEMPORARY CARE

During 1968, short-term hospital care was arranged for 89 patients, compared with 72 (1967), 46 (1966) and 64 (1965).

(vi) TRAINING CENTRES

The Cheltenham Adult and Junior Training Centres both have waiting lists. Until the Adult Centre is able to accept further trainees it has been necessary to defer transfer of some adults from the Junior Centre. The replacement of the Junior Centre is afforded the highest priority, partly to relieve the waiting list, but mainly to provide a Centre planned for the needs of subnormal children, including those in the "special care" category, and the pre-nursery training of young children, under school age, where early admission is desirable to afford the maximum of help to these children and their families.

Attendances at the mixed Centres at Cirencester, Stonehouse and Thornbury are all approaching maximum capacity. The provision of separate Adult Centres in these areas is becoming increasingly urgent.

In 1968, 75 new cases were admitted to Training Centres, compared with 38 new admissions in 1967, and 50 in 1968.

The proportion of adults on the register of each Centre, and the average daily attendances during the year, are summarised in the following schedule :—

Training Centre	Average % Daily Attendance	Total Number on Register at 31.12.68	Number of Adults (i.e. over age 16)	Full-time Staff
Blackhorse Adult	85%	79	76	8
Cheltenham Adult	84%	78	79	8
Cheltenham Junior	84%	110	23	13
Cinderford Adult	80%	49	44	6
Cinderford Junior	86%	30	2	5
Cirencester	83%	56	33	7
Stonehouse	86%	69	42	7
Thornbury	86%	53	24	7
Warmley Junior	79%	52	3	8
Totals	84%	576	326	69

In the past ten years, the number of trainees attending Centres has doubled—275 (31.12.58), and 576 (31.12.68).

At 31st December, 1968, there were 24 infants (children under the age of five years). The recent trend has continued for parents to seek these early admissions, and the staff are agreed that early training is of very real benefit. Priority for these admissions is given to children who need diagnostic assessment,



intensive training or where their continued care at home is detrimental to the health and welfare of the family. To cater adequately with this problem, Junior Centres really need facilities—room, staff and equipment—for the pre-nursery group training of these infants.

Following the resignation of the part-time Teachers, at the Blackhorse and Cinderford Centres, full-time staff were appointed to permit the continued development of Educational and Social Training programmes. One of these replacements is Diploma qualified and the other is to be seconded to the 1969/70 Course. The industrial capacity of the Adult Centres has again been fully utilised, although the availability of an adequate and varied supply of work depends very largely on the continued efforts by Managers to secure sub-contracts. As a future policy it is intended to develop the output of wood and metalwork production of items for direct sale. The picture-framing section, and the car-wash unit at the Blackhorse Centre has been in great demand.

*(c) Voluntary Agencies*

The members of the Gloucestershire Association for Mental Health and of the Branches of the National Society for the Mentally Handicapped have again been most helpful and generous.

The Gloucestershire Association for Mental Health has concentrated its efforts to the raising of funds for the purchase and conversion of premises to provide care and treatment of the adolescent mentally disordered, for whom the current facilities are meagre.

With considerable help from local Rotary Clubs, and the generosity of the vehicle supplier, the Thornbury Branch of the N.S.M.H. presented the Thornbury Centre with a brand-new twelve-seater mini-bus. This is of very great value to the trainees in attending Social Clubs as well as for social training visits and the conveyance of industrial contract work.

A large greenhouse has been purchased by the Parents' Society and is being erected at the Blackhorse Centre. This will provide facilities for training in horticulture, as well as additional income from the sale of produce.

The National Society for the Mentally Handicapped opened a residential Centre at Pengwern Hall for the training of E.S.N. School Leavers, and a further Centre at Lufton Manor for extended training in rural crafts of up to two years duration. Within available budget allocations, secondments of suitable applicants have been arranged.

*(d) Hostel—Residential Accommodation*

“Merrowdown,” our only Hostel, was again fully occupied throughout the year. Of the 20 residents 13 have maintained full-time regular employment, earning sufficient to meet the full maintenance charge and to accumulate appreciable savings, to acquire personal effects, e.g., radios, electric shavers and well-stocked wardrobes. Seven residents have been placed in lodgings, with the continued support of the Superintendent and Matron, and the Mental Welfare Officers.

Staffing has again presented problems as it was quite impossible to secure a satisfactory appointment in the grade of Resident Attendant. The post was re-graded as Assistant Superintendent and a satisfactory appointment was made towards the end of 1968.

There is a waiting list for placement in Hostels for male and female subnormal persons. The provision of further Hostels included in the Development Plan requires high priority.

When a purpose-built Junior Training Centre is available in Cheltenham it is intended to convert “Eildon,” which adjoins “Merrowdown,” for the Hostel care of female subnormal adults, to be run as a joint project with “Merrowdown.” All the residents have had holidays. These are usually arranged in small unaccompanied parties, in Hotels. These Hotels have been carefully selected by the Superintendent and Matron, and no problems have arisen.

The dormitory space in "Merrowdown" is limited and it was necessary to reduce the capacity of the Hostel from the previous 24 residents to a maximum intake of 20 persons. The Branches of the National Society in Cheltenham and Stonehouse have very kindly agreed to loan their mini-buses to the Superintendent of "Merrowdown" and he has taken parties of residents from the Hostel for social and recreational weekend activities.

*(e) Social Clubs*

Attendances at these Clubs now include up to 335.

*(f) General Developments*

Arrangements were made, with the kind co-operation of the Glenside and Barrow Hospital Management Committee, to hold a Staff Conference at Glenside Hospital on the 4th May, 1968. The programme included a discussion of the Seebohm Report and a Panel of Speakers on the subject of epilepsy. The delay in the issue of the Seebohm Report, unfortunately, necessitated cancellation of this Conference, for which over two-hundred acceptances had been received. Regular meetings of the Mental Welfare Officers and of the senior staff of the Training Centres and Hostel were continued. During 1968 five mentally ill patients were placed in Hostels of Richmond Fellowship, and Bristol's Devon House, for periods of rehabilitation.

The secondment of staff on Training Courses has continued and Gloucestershire now has a proportion of qualified staff comparable with any other local authority.

The Mental Welfare Officer establishment is currently based on the availability of one Officer for a population of 25,000 to 30,000. The former Ministry of Health recommendations require an establishment of 0.05 Officers per 1,000, a ratio of one Officer for each 20,000 population. Effective case work frequently demands daily visitation. It is obviously desirable, if time and travelling expense is to be economically utilised, that sub-offices should be set up, particularly in the Cotswolds, the Forest of Dean and the Southern area.

There is some discrepancy in the career structure of the Mental Welfare Officers, compared with their colleagues in the Welfare and Children's Department. If the Mental Health Service is to retain its competent qualified staff an improvement in their career prospects is of urgent and vital importance.

The proposed transfer of Junior Training Centres to the Education System is welcomed by most parents. They have, however, expressed anxiety that this transfer should widen the facilities available for the training of their children, particularly as regards the continued acceptance of special care cases, the admission of subnormal children below school age, when this is desirable and, above all, that the social support provided by the Mental Welfare Officers and Training Centre staff should continue.

The transfer of the Junior Centres implies a greater degree of urgency in the provision of separate Adult Centres in the Cirencester, Stonehouse and Thornbury areas.

With regard to the Adult Training Centres the need of programmes with a correct balance between educational and social training and industrial work is being actively pursued.

The recommendations of the Seebohm Committee and the proposed transfer of Junior Training Centres necessitated a complete review of the Ten Year Development Plan and it is hoped that financial circumstances will permit an early supplementation of our Hostel facilities and the provision of further Adult Training Centres, as well as a re-assessment of the establishment and career structure for the Mental Welfare Officers.

There has been no difficulty in securing suitable appointments of Trainee Welfare Officers, and an in-service training programme is operating satisfactorily.



### 3. National Assistance Act, 1948

#### CARE OF HANDICAPPED PERSONS

##### (a) Blind

##### (i) AGE AT ONSET OF BLINDNESS OF NEW CASES

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	Un-kno'n	T.
M.	-	-	-	-	1	-	-	1	1	2	2	3	1	7	16	14	7	4	—	59
F.	-	-	-	-	-	-	-	-	1	-	1	6	7	6	22	24	18	8	—	93
T.	-	-	-	-	1	-	-	1	2	2	3	9	8	13	38	38	25	12	—	152

The total number of blind persons in the County was 1,125 as compared with 1,114 in 1967. Above registrations of new cases do not include transfers from other authorities.

##### (ii) RECOMMENDATIONS OF OPHTHALMIC SURGEONS—CAUSES OF BLINDNESS

Recommendations	Causes		
	Cataract	Glaucoma	Other
(a) No Treatment ... ..	19	8	34
(b) Treatment (Medical, Surgical or Optical) ...	35	13	43
(c) Number of Cases which on follow up action have received treatment ... ..	21	9	21

##### (iii) EDUCATION AND EMPLOYMENT

Age Under 2	At Home	...	...	...	...	...	1
Age 2 - 4	At Home	...	...	...	...	...	4
	Ineducable	...	...	...	...	...	1
	Nursery School	...	...	...	...	...	0
Age 5 - 15	Special School (3), with other defects (0)	...	...	...	...	...	3
	Other School, no other defects	...	...	...	...	...	1
	Not at School, no other defects (2), other defects (1)	...	...	...	...	...	3
	Ineducable	...	...	...	...	...	13
Age 16 - 20	Vocational Training	...	...	...	...	...	0
	Open Employment	...	...	...	...	...	0

Age 16 and Over	Undergoing Training for Open Employment ... ..					3
	Undergoing Training—Professional Employment ... ..					0
	Unemployed Subject to Training ...					6
	Unemployed—already trained, Open Employment ... ..					3
	Unemployed but capable without Training					10
	Workshops for the Blind ... ..					5
	Homeworkers ... ..					14
	Gainfully Employed ... ..					89
Not Available	16 - 59	...	...	...	...	63
	60 - 64	...	...	...	...	38
Not Capable	16 - 59	...	...	...	...	58
	60 - 64	...	...	...	...	25
Over 65	...	...	...	...	...	785
Total ...						1,125

## (iv) SOCIAL REHABILITATION

One woman attended a three month's Course of Social Rehabilitation, from which she derived much benefit.

## (v) INDUSTRIAL REHABILITATION

During the year five men and one woman attended the Industrial Rehabilitation Centre, Torquay. Two men undertook further training at the Government Training Centre, Letchworth. Two men became full-time students for further education. Three men have been found employment, three men and one woman are unemployed and one has unfortunately died since returning home.

## (vi) HOME WORKERS' SCHEME

This Scheme covers various occupations such as Piano Tuners, Shop Keepers, Basket Makers, Salesmen, Machine Knitters, Smallholders, etc. At present there are 14 Homeworkers gainfully employed in this way.

## (vii) WELFARE SERVICE

During the year 7,935 visits to blind persons were made by the Welfare Officers for the Blind, to give assistance to newly blinded people in helping them to adapt to their disability and to give general advice and guidance to all classes of blind people and their families.

One thousand eight hundred and thirty lessons in Braille, Moon and Handicrafts were given.

## (viii) SOCIAL AND HANDICRAFT CENTRES

Social Centres were held weekly in Cheltenham, and monthly in Almondsbury, Cirencester, Cinderford, Kingswood, Stroud and Wotton-under-Edge. Handicraft Classes were held at Churchdown, Cinderford, Kingswood and Stroud.

We are most grateful for all the interest and help given by so many people in all parts of the County.



## (ix) GLOUCESTERSHIRE COUNTY ASSOCIATION FOR THE BLIND

The Voluntary Association once again financed the Group Holidays at Paignton. Blind persons from Dursley, Forest of Dean, Kingswood, Wotton-under-Edge and Stroud areas attended this year.

The Voluntary Association also financed transport, hire of halls, etc., for Social Clubs, Handicraft Centres and Outings, including an Outing for the Elderly Infirm Blind.

A day for all blind and partially sighted children was held in the Spring when a visit was made to Birdland and the Model Village at Bourton-on-the-Water. The Association provided many blind persons in the County with apparatus, aids, books and magazines, etc., as well as giving generous gifts to all blind and partially sighted persons at Christmastide. In addition, maintenance and provision of batteries was undertaken to Radio Sets distributed by the Wireless for the Blind Fund.

Special grants were made by the Voluntary Association to many blind and partially sighted persons for clothing, bedding, furniture, holidays, etc.

The help given by the Voluntary Association does much to further the welfare of the blind and partially sighted persons in the County and is greatly appreciated by all concerned.

## (x) DEAF/BLIND

This small but doubly handicapped group of people whose only means of communication is by the use of the Manual or by block letters written on their hands has had quarterly meetings. These included a visit to the Folk Museum, the Shire Hall, Bristol Zoo and Bourton-on-the-Water.

All these activities are very much appreciated by the people concerned.

## (xi) SALES

Owing to the enthusiastic efforts of the Sales Organiser and her staff, an increased number of articles made by blind people, both at classes and at home was sold.

## (xii) WESTERN REGIONAL ASSOCIATION FOR THE BLIND

One Social Welfare Officer attended a refresher course at Dartington Hall, Devon, run by the Western Regional Association for the Blind and two Social Welfare Officers for the Blind (together with a Trainee Welfare Officer) attended a demonstration of the Deaf-Blind Communication and Door Bell Device.

(b) *Partially Sighted*

During the year 48 names were added to the County Register, excluding transfers from other areas. This made a total of 249 showing an increase of 7 on the previous year.

## (i) REGISTER—AGE GROUPS, 31ST DECEMBER, 1968

	0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
M.	—	2	22	9	35	15	29	112
F.	—	—	12	2	17	12	94	137
T.	—	2	34	11	52	27	123	249

The following shows how the Register is compiled :—

Ages		
0 - 1	At Home or Unsuitable for Education at School	0
2 - 4	At Home or Unsuitable for Education at School	2
5 - 15	At Special Schools ... ..	8
	At Other Schools ... ..	17
	Not at School ... ..	2
	Unsuitable for Education at School ... ..	7
16 - 20	At School ... ..	4
	Undergoing Training ... ..	0
	Employed ... ..	6
	Available and Capable of Training or Work ... ..	1
	Not Available ... ..	0
Over 21	Training ... ..	0
	Unemployed ... ..	3
	Employed ... ..	51
	Not Available ... ..	148
Total ...		249

(ii) NEWLY REGISTERED (Excluding Transfers from other areas)

	0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
M.	—	1	6	—	—	5	6	18
F.	—	—	2	—	2	1	25	30
T.	—	1	8	—	2	6	31	48

(iii) RECOMMENDATIONS OF OPHTHALMIC SURGEONS—CAUSES OF PARTIAL BLINDNESS

Recommendations	Causes		
	Cataract	Glaucoma	Others
(a) No Treatment ... ..	7	1	10
(b) Treatment (Medical, Surgical or Optical)	10	6	14
(c) Number of Cases which on follow up action have received treatment ... ..	5	4	6



### *Talking Book Service*

The British Talking Book Service brings benefits to many registered blind and partially sighted people, who greatly appreciate the provision of the machines. Responsibility for payment of rentals has now been accepted by the Local Authority.

### *(c) Deaf*

During the year a total of 1,062 visits were made, of these 245 were to cases in Cheltenham Borough. Classification of these numbers is as follows :—

Under 2 years	...	...	...	...	40
2 - 16 years	...	...	...	...	230
16 - 65 years	...	...	...	...	366
65 and over	...	...	...	...	426
					—
Total	...	...	...	...	1,062
					—

Cases were referred to the department by General Practitioners, Health Visitors, Social Workers and various voluntary organisations.

The Senior Welfare Officer left the department in September to attend a Certificate in Social Work Course; she will return in July, 1969. In her absence screening was carried out by the Peripatetic Teaching Service.

The department continues to be represented at the Hearing Assessment Clinic at the Gloucester Royal Infirmary. This has proved to be valuable in maintaining continuity between the medical and social services offered to the parents. Twenty-seven commercial hearing aids have been purchased by the Local Authority for school children.

A number of school leavers have been referred to the Welfare Officers during the year and these have been offered vocational guidance and some have, where necessary, been accompanied on interviews.

The Cheltenham Deaf and Hard of Hearing Club became very depleted in its membership for various reasons. However, a Christmas Party was held which was very well attended and members agreed to return to the club and make it once more a going concern. It has now resumed meetings at its original premises in Dowty House. A comprehensive programme of activities has been arranged for 1969.

The Health and Welfare Committee for Cheltenham Borough approved the purchase and installation of a Mountcastle Visual Bell for a young deaf mother living in their area.

A variety of talks were given during the year to student health visitors, nursery nurses, Women's Organisations, Old People's Clubs and school children.

The Bristol Institute and Gloucester Association for the Deaf have, through their Superintendents, offered a wide variety of social and cultural help to the deaf living within their areas. Assistance with seeking employment and interpreting at courts and interviews has also been given.

The numbers on the register at 31st December, 1968, were as follows :—

	Children under age 16	Persons age 16 - 64	Persons aged 65 and over	Total
(i) Deaf with Speech—Male ... ..	20	58	14	92
Female ... ..	16	61	26	103
(ii) Deaf without Speech—Male ... ..	9	61	12	82
Female ... ..	8	34	9	51
(iii) Hard of Hearing—Male ... ..	96	156	200	452
Female ... ..	78	199	468	745
Total ... ..	227	569	729	1,525

(d) *Handicapped (other than Blind, Partially Sighted and Deaf)*

*Registration*

There were 247 new referrals for assistance during 1968, making a total of 2,479 physically handicapped persons on the register. In addition, 638 persons, over 70 years of age, received some form of assistance, mainly with aids, but are not included in the table.

	Under 16	16- 29	30- 49	50- 64	65+	Total
Amputation ... ..	2	5	14	33	53	107
Arthritis or rheumatism ... ..	3	5	44	173	390	615
Congenital malformations or deformities ... ..	58	32	21	15	12	138
Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system other than tuberculosis) or of the skin ... ..	9	20	29	93	65	216
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine ... ..	52	69	86	98	106	411
Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	35	102	156	223	208	724
Neuroses, psychoses, and other nervous and mental disorders not included in the above ... ..	—	2	8	8	6	24
Tuberculosis (respiratory) ... ..	—	7	25	19	19	70
Tuberculosis (non-respiratory) ... ..	3	7	17	15	13	55
Diseases and injuries not specified above ... ..	9	18	13	30	49	119
Total ... ..	171	267	413	707	921	2,479



### *Occupational Therapy*

During 1968 there were 5 full-time Occupational Therapists on the staff, 2 part-time and one on a sessionable basis ; there has been one vacancy in the Forest of Dean area, since July.

The number of domiciliary visits made by the Occupational Therapists was 4,794 and 366 disabled people received occupational therapy including instruction in craftwork and aids to daily living.

Occupational Therapy Centres are operating as follows :—

Cinderford	...	Valley Road (purpose-built centre).
Stroud	...	Church Institute.
Filton	...	St. Andrew's Hall.
Cheltenham	...	Whaddon Boys' Club, Dart Road.
Cirencester	...	Leaholme, The Avenue (conversion with voluntary help).
Soundwell	...	Gloucestershire County Council Clinic.
Gloucester	...	Montpellier (run by Gloucester City).

### *Clubs for the Disabled*

The British Red Cross Society continues to run social clubs for the disabled in Dursley, Stroud, Cheltenham, Cirencester, Stow-on-the-Wold, Coalpit Heath, Alveston, Cinderford and Gloucester. These clubs are extremely popular and fill a very real need. Transport is provided mainly by the Hospital Car Service with some help from the County Ambulance Service and voluntary drivers.

No new clubs have been opened this year, but the 9 established ones have all expanded and provide not only enjoyable club meetings with excellent home-made teas, but also outings, parties and visits to the pantomime and other entertainments. Thanks are due to the many Red Cross members who give such regular help and are responsible for the smooth running of these clubs.

St. Francis' Day Centre meets fortnightly in St. John's Hall, Churchdown, and provides a most valuable service for the Elderly Homebound from the Gloucester City and Gloucester Rural areas. It is run entirely by voluntary helpers with excellent support from the local Clergy who take a short service at the end of each meeting and often join members for lunch or tea. During the summer many outings were arranged including one to the Severn Bridge.

### *Holidays*

Many disabled people have benefitted from holidays at Burnham-on-Sea, Weston and Yelverton, near Plymouth.

Members of the Red Cross Clubs again spent a most enjoyable week at Westward Ho Holiday Camp, North Devon, and at a similar camp in Caister, Norfolk. This type of holiday has proved so popular that more than twice as many disabled members attended these holiday camps in 1968.

### *Transport*

Transport to the Occupational Therapy Centres and the British Red Cross Clubs, is provided mainly by the Hospital Car Service, except for wheelchair cases where tail-lift ambulances are used. Efforts have been made to cut costs and whenever possible users of powered tricycles, provided by the Department of Health, now use these vehicles to get to clubs and centres. Hardship arises where the mileage is considerable and a small mileage allowance of 1½d. per mile has been paid from voluntary funds since October. It is hoped that the allowance can be paid by the Council next year.

### *Disabled Motorists*

Fifty-six new applications for Yellow Discs and 51 renewals have been received during the year. Since the inception of the scheme 352 disabled motorists have been issued with these special badges, which greatly facilitate parking and allow exemption from toll when crossing the Severn Bridge.

The Disabled Drivers Association has 3 branches in this area and the Cinderford group now meets in the new Adult Training Centre in Valley Road. Members meet socially and arrange special trips and rallies and help each other to overcome their many problems. They now have their own Holiday Home at Ashwellthorpe Hall, in Norwich, Norfolk, where a group from Gloucester spent a week in June.

### *Cheltenham Wheelchair Bus*

Provided by voluntary funds, this has proved a great success and has been able to help 92 severely disabled people—many having a trip once a month. Residents from the Cotswold Cheshire Home having weekly trips in groups of 4 or 6. It has also been used to take severely disabled people to the dentist and hairdressers, and also to concerts and parties.

### *Conference*

A well attended conference on 'Accessibility' was held at Cowley Manor in September. Mr. Denly who is in charge of the project 'Mobility for the Disabled' spoke, with personal knowledge, of the efforts being made to ensure that all new buildings should be designed to be accessible to the disabled. After showing slides, demonstrating what could be done to overcome problems of access, he was invited to speak to the Gloucester Architectural Association. A demonstration and inspiring talk on the new POSSUM machine (Patient Operated Selector Mechanism) was given by Mr. Roger Jefcoate who, with Mr. R. Malling at Stoke Mandeville, carried out research to make POSSUM available to very severely disabled people. A young man paralysed from the neck showed how the electric typewriter attachment could be operated, using only his mouth. The slightest pressure from a finger movement or the mouth, also controlled bell, light, radio, heat, telephone, T.V. and door.

The Ministry of Health has now agreed to issue these machines to certain seriously disabled people, and already some are in use in this county, providing a remarkable degree of independence.

### *Handicapped Children's Party*

A very enjoyable party was held at Cowley Manor on May 22nd. Fifty children attended, including a large party from St. Rose's Special School, Stroud, in their own specially adapted coach with hydraulic lift.

### *Christmas Shopping*

Many more stores offered special facilities this year for handicapped people to shop after normal hours. In Cirencester, Gloucester and Bristol, stores welcomed the disabled, offered them Christmas gifts and provided excellent refreshments.

### *Christmas Cards*

As a form of occupational therapy, suitable cards are cut and remade into Christmas, Birthday and Greeting Cards. This year, sales have doubled reaching a total of £210, thanks to the help of our voluntary organiser.



### *Voluntary Help*

The 8 Area Committees continue to carry out the important social side of the work most effectively. Their 158 members visit the severely disabled and provide extra comforts, not available through the Health Service, from their own funds. They give a great deal of pleasure to the disabled by arranging coach outings, parties, shopping expeditions, visits to Flower Festivals and Church Services. Without this valuable help, the service could not continue to expand.

#### *(e) Sale of Goods Made by Blind and Physically Handicapped*

The Sales Organiser and Assistant Sales Organiser, together with other members of the Staff, attended 79 sales and gave 36 talks during 1968.

The Shop at No. 2 College Street is proving very successful, and during the first year, sales amounted to over £3,000. Support is still willingly given by many local firms and organisations, and the total sales during the year amounted to £10,405 compared with £9,700 during 1967.

#### *(f) Trainee Welfare Officers*

The scheme for In-service Training continued with the Welfare Department and the Cheltenham Borough Council. One trainee commenced a full-time course in a College of Further Education in September, and two who successfully completed two years' full-time training in July, were appointed as Social Welfare Officers. At the end of the year four trainees were engaged in the Department on In-service Training and two trainees were in attendance at full-time courses.

## SECTION C

### DISEASES

#### 1. Infectious Diseases

Notifications of infectious diseases during the year are set out in Table II at the end of this report

#### 2. Venereal Disease

REPORT BY A. E. TINKLER, ESQ., M.A., M.D., D.P.H.

Consultant Venereologist, South Western Regional Hospital Board

There was a further significant increase in the number of Gloucestershire patients seen at the Venereal Disease Clinic serving the area in 1968.

TABLE 1

New Cases : All Conditions—Gloucestershire County Residents

Year	New Cases		
1963	...	...	409
1965	...	...	555
1967	...	...	522
1968	...	...	567

*Syphilis*

This remains a rare condition in England and Wales except in the large conurbations and ports of the country. Only one case of early syphilis and seven of late syphilis were seen in Gloucestershire residents during the year.

*Gonorrhoea*

After a slight decline in incidence in the County in 1966 and 1967 an appreciable rise occurred in 1968.

TABLE 2

Incidence of Gonorrhoea			
England and Wales and Gloucestershire Patients—1963 - 68			
Year		England and Wales	Gloucestershire
1963	... ..	35,522	83
1965	... ..	36,615	140
1967	... ..	38,648	110
1968	... ..	44,810	147

**SECTION D****SANITARY CIRCUMSTANCES OF THE COUNTY****(I) RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1965**

During the year the Housing Services Committee considered 36 sewerage and sewage disposal schemes, and 3 water supply schemes. The total estimated cost of these schemes was £3,636,139 for sewerage and sewage disposal and £8,929 for water supply.

For the financial year 1967/68, the County Council made contributions under the County Scheme for financial assistance to District Councils amounting to £121,652 for sewerage and sewage disposal, and £51,000 for water supply.

Details of schemes considered by the County Council are set out below (estimated costs shown in brackets) :—

**A. SEWERAGE AND SEWAGE DISPOSAL****CHELTENHAM BOROUGH****(i) *Hayden Sewage Disposal Works Extensions—Phase I (£745,339)***

To relieve present overloading of the works and to permit future development in the area, including that arising from the proposed Northern Outfall sewer. The scheme will be carried out in two phases, and the present proposals will be followed in 1975 by a second phase at a cost estimated at £379,000. The scheme was strongly supported to release land urgently needed for development.



(ii) *Northern Outfall Sewer (£134,535)*

To provide mains sewerage to some 920 acres urgently required for future development. The scheme, which will also supercede two unsatisfactory sewage disposal works, was strongly supported.

## CHELTENHAM RURAL DISTRICT

*Stoke Orchard, Tredington and Elmstone Hardwicke Sewerage and Sewage Disposal (£87,000)*

To provide main sewerage to three villages comprising 101 existing properties, with allowance for a future 38 properties. The District Council were recommended to defer the scheme for one year until the outcome of the North Gloucestershire Sub-Regional Survey was known.

## CIRENCESTER RURAL DISTRICT

(i) *Fairford Sewage Disposal Works (£143,000)*

To relieve present overloading of the works and to make provision for future development in the area. The scheme was strongly supported on public health grounds but the attention of the District Council was drawn to the very generous design of the proposals, particularly the filter beds. The scheme also included provision for reducing a substantial volume of infiltration water in an area with a very high water table.

(ii) *Lechlade Sewage Disposal Works (£92,750)*

To relieve overloading of the works and to provide for future development of the village. A large volume of infiltration water, in excess of the volume of sewage, reaches these works. The estimated cost included £10,000 to carry out investigations and such works as found necessary to reduce the quantity of infiltration water in an area having a very high water table. The scheme, particularly the filter beds, was considered to be over-designed and was recommended for approval subject to the deletion of half the new filter capacity.

## DURSLEY RURAL DISTRICT

(i) *Wortley Sewerage Scheme (£73,750)*

Part of a joint scheme to serve Wortley in Dursley Rural District, and the villages of Alderley and Hillsley in Sodbury Rural District, to convey sewage to the existing disposal works at Kingswood. This scheme replaces a proposal for a separate disposal works for Wortley only and was prepared at the request of the County Council. Provision was made for extension of the Kingswood sewage disposal works to accept the additional flow, and also to increase the basis of design of these works from 30 to 45 gallons per head per day. The scheme is needed to prevent nuisance from discharge of crude sewage to ditches and to enable modern facilities to be provided. The proposals were supported subject to modification of the design of the disposal works.

(ii) *Broadway Sewer Extension (£2,060)*

To serve eight properties served by septic tanks which overflow on to land now proposed for development. The scheme was approved.

## EAST DEAN RURAL DISTRICT COUNCIL

(i) *Mitcheldean and Longhope Sewerage and Sewage Disposal*

(First Stage £136,000), (Second Stage £36,000).

A re-submission of a scheme considered in 1964, incorporating a number of recommendations made by the County Council. The scheme will relieve the overloaded disposal works at Mitcheldean by a sewer to carry the excess flow to a new works at Longhope, serving a number of properties on route. The second stage provides for the connection of the village of Longhope.

Approval was given subject to provision for farm waste, inclusion of Longhope in the first stage and amendment of the link sewer which was not considered adequate for the ultimate flow from Mitcheldean.

(ii) *Harrow Hill Sewer Extension (£59,000)*

To extend the Drybrook sewer system to serve 132 properties including 22 on bucket sanitation and a further 36 with very unsatisfactory septic tanks, and to permit further development of the area.

The scheme was supported subject to minor amendments to meet the requirements of the County Surveyor.

(iii) *Ruardean Hill Sewer Extension (£51,750)*

To extend the Drybrook sewerage system to serve 93 existing properties and allow for a further 99 future properties. With 33 properties on bucket sanitation and 10 properties having unsatisfactory septic tanks, the scheme was strongly supported on public health grounds. Approval was given subject to minor amendments to meet the requirements of the County Surveyor.

(iv) *Hawthorns, Drybrook Sewer Extension (£12,740)*

To extend the Drybrook sewerage system to serve 34 properties having very unsatisfactory drainage arrangements causing pollution of a ditch which subsequently passed through a populated area. The scheme was approved subject to comments regarding trade and farm wastes.

## GLOUCESTER RURAL DISTRICT

(i) *Innsworth Sewer Extension (£3,460)*

To provide main drainage to 13 properties via a small pumping station and a housing estate sewer. The houses have modern facilities but due to restricted sites and unsatisfactory subsoil the septic tank drainage was not satisfactory. The scheme was approved.

(ii) *Upton St. Leonards Relief Sewer (£25,530)*

Due to the rapid expansion of the village the existing sewers surcharge in wet weather and cause flooding of roads. Further development anticipated will aggravate the problem. The scheme, to serve 373 existing properties, with allowance for a future 555 properties, was approved. A section of the sewer passing under the proposed M.5 motorway, was designed to take all foreseeable future flows.



## NORTH COTSWOLD RURAL DISTRICT

(i) *Ebrington Sewer Extension* (£1,000)

To serve four properties omitted from the original scheme. Recommended for approval.

(ii) *Lower Swell Sewer Extension* (£3,400)

To serve eight properties omitted from the original scheme. Recommended for approval.

## SODBURY RURAL DISTRICT

(i) *Alderley and Hillsley Sewerage* (£48,000)

A joint scheme with Dursley District to connect to an enlarged disposal works at Kingswood. In addition to the £48,000, Sodbury Rural District Council have agreed to contribute £24,000 to the cost of the works extensions. To serve 525 population in the two villages, the scheme will allow for future connection of the village of Tresham (population 140). The scheme was approved subject to minor amendments required by the County Surveyor.

(ii) *Ram Hill, Westerleigh Sewerage* (£33,700)

To provide main sewerage to 60 houses and a large caravan site by an extension to the Coalpit Heath sewerage system. A serious public health nuisance arises from the caravan site drainage system. Subject to minor amendments requested by the County Surveyor, the scheme was approved.

## STROUD AND DISTRICT SEWERAGE AND COMPOSTING JOINT COMMITTEE

*Stanley Downton Sewage Disposal Works Extensions* (£380,000)

Outline approval was given to proposals to extend these works for an ultimate population of 62,500 to allow for future development in Stroud Urban and Rural Districts and Nailsworth Urban Districts.

## STROUD RURAL DISTRICT

(i) *Bussage—Sewer Extension* (£412)

To serve one property—approved.

(ii) *Dimmelsdale Lane, Chalford—Sewer Extensions* (£473)

To serve one property—approved subject to the substitution of a 4 in. diameter sewer for the 6 in. diameter sewer proposed.

## STROUD URBAN DISTRICT

*Ebley—Westrip Main Drainage* (£50,000)

A link sewer to permit development of some 361 acres at Westrip. There were no public health grounds for this scheme which is only required to permit housing development. The District Council were asked to consider the adequacy of the Dudbridge - Stanley Downton sewer to accept this additional flow plus the flows from Painswick and Nailsworth already agreed.

## TEWKESBURY BOROUGH

(i) *Tewkesbury Sewage Disposal Works—temporary works—£7,100*

Following representations from the Severn River Authority, restrictions were imposed on further development of the area until improvements had been carried out to the sewage disposal works. As a temporary measure a spray irrigation scheme was commenced on land adjoining the disposal works. Approved.

(ii) *Tewkesbury Sewage Disposal Works Extensions (£145,000)*

To increase the capacity of the sewage disposal works from the present design population of 6,000, to allow for a population of 15,000 in 1975. The scheme was approved.

## THORNBURY RURAL DISTRICT COUNCIL

(i) *Cribbs Causeway Sewerage (£91,000)*

A scheme, estimated to cost £49,500, was referred back to the District Council to delete one expensive section serving nine properties at a cost of over £1,100 per property, and to make allowance for industrial development on adjoining land. The amended scheme will provide for the industrial development and also for about 1,000 dwellings on the Patchway housing scheme, thus relieving the heavily loaded Patchway sewer. Seventy-eight properties at Catbrain and Passage Road area will be served for the first time. The amended scheme was approved.

(ii) *Cromhall, Rangeworthy and Tytherington Sewerage and Sewage Disposal (£244,500)*

To provide main sewerage to the villages of Cromhall, Rangeworthy and Tytherington in Thornbury Rural District, and the hamlet of Bagstone in Sodbury Rural District. The scheme will serve 432 existing properties and allow for a further 168 properties in the future. The scheme was strongly supported on Public Health grounds.

The scheme was approved subject to minor technical details, but the attention of the Minister was drawn to the possible effect upon the area of the findings of the Severnside Study.

(iii) *Severn Beach Ejector Station Conversion (£6,400)*

The conversion of the obsolete ejector station to a modern pumping station was approved as an urgently needed first stage of the South Western Area sewerage scheme.

(iv) *South Western Area Sewerage and Sewage Disposal (£260,000)*

To provide main sewerage to the villages of Easter Compton and Redwick/Pilning and to provide treatment to sewage from the village of Severn Beach which at present is discharged untreated to the Severn Estuary. The scheme, which will serve 1,084 existing properties with allowance for a further 553 properties and also a new Zoological Gardens, was strongly supported on public health grounds, and was approved subject to minor technical details.

(v) *Stone, Woodford and Michaelwood Sewerage and Sewage Disposal (£119,000)*

Alternative schemes were submitted to serve some 118 existing properties in the village of Stone and the hamlet of Woodford, one using a conventional sewage disposal works at a cost of £132,000, the other with a Pasveer Ditch works at £119,000.



The scheme was a resubmission of a scheme approved by the County Council in 1964 but subsequently revised to include Woodford at the request of the Ministry of Housing and Local Government, and to provide for a new motorway service station at Michaelwood for which the Ministry of Transport have agreed a contribution towards the cost.

The scheme was supported on public health grounds and was approved subject to the adoption of the Pasveer Ditch scheme and to a number of minor technical details.

- (vi) *Pitbrook Sewerage Scheme* (£10,811)
- (vii) *Purton and Halmore Drainage Scheme* (£69,000)
- (viii) *Sharpness Drainage Scheme* (£82,325)

Three schemes were submitted separately, one to connect the Pitbrook area (17 existing properties) to the Sharpness system ; the second to serve 95 properties at Purton and Halmore to a new disposal works near Purton ; and third to provide a new disposal works for sewage from Sharpness which at present discharges untreated via a stream to the Severn Estuary. It was considered that in isolation, the Pitbrook scheme was not justified due to the high cost and lack of public health need. There was public health justification for the Purton and Halmore Scheme and for the Sharpness scheme but the provision of a separate disposal works for Purton and Halmore was not recommended.

The District Council were asked to consider the possibility of taking sewage from Purton and Halmore, via Pittbrook to an enlarged Sharpness works ; to revise the proposals for Sharpness to allow for future connection of some 70 properties at Sharpness Docks ; and, in view of the difficult nature of the sub-strata on the proposed works site to revise the works design to avoid the need for a final settlement tank.

- (ix) *Thornbury Sewage Disposal Works* (£260,900)

A revised scheme to extend the Thornbury works was approved. The original scheme had provided for full treatment to discharge to a small stream. At the request of the County Council, subsequently supported by the Minister, the present scheme was prepared, providing for primary settled effluent to be pumped to the Severn Estuary.

#### WARMLEY RURAL DISTRICT

- (i) *Cherry Garden Lane, Bitton—sewer extension* (£1,210)

A small scheme to serve eight existing properties and to provide for five future properties was approved.

- (ii) *North Common Area—additional branch sewerage* (£47,317)

To serve 95 existing properties and to provide for 467 new houses in the near future. The scheme will ultimately be extended to serve a further 34 existing properties and 410 new properties. The scheme was strongly supported on public health grounds and approved subject to an increase in the size of part of the system to meet the anticipated future flows.

## WEST DEAN RURAL DISTRICT

*English Bicknor Sewerage Scheme (£40,619)*

To connect 58 existing properties at English Bicknor to the Lydbrook sewage disposal works and to provide for an additional 48 properties in the future. Subject to investigation of the possible effect of farm wastes on the disposal works, the scheme was supported.

## B. WATER SUPPLY

## NORTH WEST GLOUCESTERSHIRE WATER BOARD

(i) *Oxenton—water mains extension (£451)*

To serve three properties at Oxenton. The existing water supply was bacteriologically very unsatisfactory and the scheme had been carried out as a matter of urgency.

(ii) *Upper and Lower Ley, Westbury-on-Severn (£4,588)*

To serve 16 properties for the first time ; to improve supplies to a further five properties, and to provide a link main between Grange Court and Lower Ley which will improve the pressure to properties in the Grange Court/Northwood Green areas. The bulk of the supply was required for agriculture. The scheme was supported on public health grounds, and also to permit further development in the area.

## COTSWOLD WATER BOARD

*Barrow Elm and Hatherop Downs Water Supply (£3,890)*

To serve nine domestic properties plus a similar quantity for agricultural use. The properties were served by a private estate supply which, though satisfactory in quality, was inadequate to meet the increasing demand. The scheme was approved.



## (II) HOUSING

The table below gives details of slum clearance and new houses and flats completed during the year.

	Slum Clearance				New Houses & Flats Completed	
	Houses				Council	Private Dev.
	Dem.	Closed	Part Closed	Made Fit		
Charlton Kings U. ... ..	3	3	—	—	—	120
Cheltenham B. ... ..	16	46	6	27	10	238
Cirencester U. ... ..	22	—	—	—	30 (7)	154
Kingswood U. ... ..	25	12	—	3	83 (28)	129
Mangotsfield U. ... ..	—	10	—	3	20 (10)	60
Nailsworth U. ... ..	2	1	—	14	—	17
Stroud U. ... ..	32	29	—	3	40 (24)	138
Tewkesbury B. ... ..	3	2	—	3	47 (2)	56
Cheltenham R. ... ..	—	—	—	25	6 (2)	416
Cirencester R. ... ..	3	26	—	12	14 (8)	94
Dursley R. ... ..	—	—	—	—	20	139
East Dean R. ... ..	12	24	—	3	71 (25)	94
Gloucester R. ... ..	8	6	—	34	45	210
Lydney R. ... ..	1	7	—	11	36	47
Newent R. ... ..	2	3	—	2	22 (21)	33
North Cotswold R. ... ..	4	13	—	45	—	150
Northleach R. ... ..	—	—	—	21	25 (25)	20
Sodbury R. ... ..	21	13	—	6	115 (20)	812
Stroud R. ... ..	2	26	—	17	88 (37)	246
Tetbury R. ... ..	—	—	—	1	—	14
Thornbury R. ... ..	19	—	—	68	40 (40)	280
Warmley R. ... ..	18	3	—	6	22 (11)	128
West Dean R. ... ..	20	14	1	4	48 (10)	93
Total ... ..	213	238	7	308	782 (270)	3,688

The numbers of dwellings built for old people are shown in brackets.

## SECTION E

### INSPECTION AND SUPERVISION OF FOODS

#### I. MILK SUPPLY

##### 1. Licences

During the year one of the three holder pasteurising plants was converted to H.T.S.T. and one other small holder plant ceased to operate. The number of milk pasteurising plants at the end of the year was ten, processing some 22,660 gallons of milk per day, as follows :—

9 H.T.S.T. Plants	...	22,250 gallons/day
1 Holder Plant	... ..	410 gallons/day

The number of licenced milk dealers at the end of the year was as follows, the numbers for 1967 being as shown in brackets :—

(a) Producer/Retailers (licenced by the Ministry of Agriculture, Fisheries and Food, and including 3 producers who retail raw milk by consent)	...	83	(95)
(b) Producer/Retailers (included in (a) above) holding a licence from the County Council to bottle Untreated Milk from other producers	... ..	9	(7)
(c) Dairies dealing in Untreated Milk other than in (a) or (b)	... ..	4	(6)
(d) Pasteurising Plants (including 3 licenced to deal in Untreated Milk)	...	10	(11)
(e) Dealers in Pre-packed milk (F licences) :—			
(i) Retailers	... ..	262	(194)
(ii) Shops	... ..	197	(222)
(iii) Vending Machines	... ..	8	(7)
		—	—
		467	(423)
		—	—
Total	... ..	573	(542)
		—	—

##### 2. Routine Sampling

Because of the restrictions imposed during the Foot and Mouth disease outbreak no farm samples of milk were taken during the first two months of the year and sampling in some rural areas was restricted.

A detailed summary of statutory samples taken is set out below :—



## SUMMARY OF ROUTINE MILK SAMPLES

Origin of Samples	Designation	Total Samples Taken	Phosphatase Test		Methylene Blue Test			Turbidity Test		Ultra Heat Treated Test		
			Pass	Fail	Pass	Fail	Void	Pass	Fail	Pass	Fail	Void
Dealers including Processors	Pasteurised	2,871	2,844	27	2,738	84	49	—	—	—	—	—
	Sterilised	28	—	—	—	—	—	28	Nil	—	—	—
	Ultra Heat Treated	15	—	—	—	—	—	—	—	14	Nil	1
	Untreated	1,134	—	—	1,034	66	34	—	—	—	—	—
Schools and School Canteens	Pasteurised	729	724	5	680	22	27	—	—	—	—	—
	Untreated	9	—	—	6	3	Nil	—	—	—	—	—
G.C.C. Properties	Pasteurised	124	122	2	118	2	4	—	—	—	—	—
	Untreated	1	—	—	1	Nil	Nil	—	—	—	—	—
Hospitals	Pasteurised	65	65	Nil	61	3	1	—	—	—	—	—
Totals		4,976	3,755	34	4,638	180	115	28	Nil	14	Nil	1

The Public Health Laboratory's reports show that 34 (0.89%) of the Pasteurised milk samples had not been adequately pasteurised. Six of these were from dairy plants outside the County Area and eight of the others were from a small holder plant which ceased production during the year.

Of the Pasteurised milk samples, 2.93% failed the Methylene Blue test for cleanliness and keeping quality. This is a further improvement on last year's figures (3.24%). The Untreated Milk samples with 8.64% failures unfortunately showed no improvement. Unsatisfactory samples obtained direct from Producer/Retailers were referred to the County Dairy Husbandry Advisor of the Ministry of Agriculture, Fisheries and Food.

### 3. Milk Containers

Samples of washed bottles and churns have been taken at regular intervals from all plants and in some cases samples of the final rinse water on bottle washing machines.

Samples Taken				Satisfactory	Fairly Satisfactory	Unsatisfactory
Bottles	477	...	...	279	70	128
Churns	138	...	...	76	24	38

Twelve complaints arising from foreign bodies and dirty milk bottles were received during the year and appropriate action taken.

#### 4. *Brucella Abortus*

Number of herds from which samples were taken :—

(i) Producer/Retailers	...	...	...	...	102
(ii) Cream Producers	...	...	...	...	6
(iii) Producer Wholesalers	...	...	...	...	12
Total	...	...	—	120	
Number of herds subsequently fully investigated	...	...	...	29	
Herds in which one or more infected cows were found	...	...	...	4	

All routine statutory samples of Untreated Milk were submitted to the Milk Ring test as were composite samples of all cows in each Producer/Retailer herd. Some special samples were taken, in one case following notification of a human case of undulant fever, and others to clear suitable herds for use as Untreated Milk for bottling elsewhere.

Details of milk samples examined for *Brucella abortus* are set out below :—

SUMMARY OF BRUCELLA MILK TESTS

	Number	Positive to Milk Ring Test	Weak positive or doubtful reaction to Milk Ring Tests†	Number positive <i>Brucella abortus</i> by direct culture or inoculation
Routine Retail Samples	1,144	29	17	4*
Composite Herd Samples	98	2	1	*
Follow-up Samples :—				
(i) Individual	492	73	11	15
(ii) Group	21	6		3*
(iii) Bulk	31	6	1	*
Special Samples :—				
(i) Individual	11	3	1	
(ii) Group	15	—		
(iii) Bulk	15	5		*
	1,827	124	31	22

\*Milk from routine and bulk samples were not inoculated into guinea pigs except in a very few instances.

†Not examined by direct culture or guinea pig. Repeat samples taken.



Twenty-nine Producer/Retailer herds were investigated during the year. Five of these were investigated a second time and three a third time because subsequent routine milk samples gave positive reaction to the Milk Ring test despite measures taken by the producer to segregate the milk from suspect cows. The investigations resulted in sixteen infected cows being detected. (Nine of these were in one herd and the producer subsequently ceased to retail Untreated Milk. Two other producers among the herds investigated ceased to retail milk during the year).

### 5. Antibiotic Sampling

Three hundred and fifteen samples from eighty-six herds were examined for the presence of antibiotics. Six of these were void but no antibiotics were detected in any of the remainder.

### 6. Tuberculosis

One hundred and twenty-five samples of Untreated Milk were submitted for examination for the presence of Tubercle Bacilli. All were reported negative.

### 7. Cream

Three hundred and nine samples of cream were submitted for bacteriological examination at the Public Health Laboratory, Gloucester.

A summary of the findings is set out below :—

SUMMARY OF CREAM SAMPLES

Type	No. of Samples	Methylene Blue Test Reduction time in			Void
		0 hours (Unsatisfactory)	More than 0 hours Less than 4 hours (Doubtful)	More than 4 hours (Satisfactory)	
Untreated	66	17 (25.75%)	25 (37.87%)	23 (34.85%)	1 (1.5%)
Heat Treated :—					
(1) Ex Producers	138	22 (15.9%)	36 (26.1%)	78 (56.5%)	2 (1.4%)
(2) Packed by Retailer	41	21 (51.2%)	11 (26.8%)	9 (21.9%)	Nil
(3) Pre-packed mainly from shops	63	27 (42.9%)	9 (14.3%)	26 (41.3%)	1 (1.6%)
Clotted	1	Nil	Nil	1 (100%)	Nil
	309	87 (28.2%)	81 (26.2%)	137 (44.4%)	4 (1.2%)

These results represent a substantial improvement in last year's figures, particularly in the percentage of samples of untreated cream (improved from 8.5% to 34.85% satisfactory). Heat treated creams improved from 32% to 46.6% satisfactory.

As in the previous year, the highest proportion of samples failing at NIL hours were obtained from retailers who purchased in bulk, either in can or churn, and transferred the cream to retail containers on their own premises. In this group, 53.5% of samples failed at NIL hours, and only 21% were satisfactory after four hours.

Whilst it is gratifying to consider that the improvement has resulted from the taking of samples and subsequent follow-up action on unsatisfactory samples, it is regretted that there are still no statutory requirements for creams, either for bacteriological standards or to ensure adequate heat treatment.

## 8. Milk in Schools

It is again pleasing to report that all milk supplied to County Schools, whether under the "Milk in Schools Scheme" or to School Meals Kitchens, is pasteurised. Samples from schools and kitchens are taken regularly and submitted to the same tests as other retail samples. (See summary of Routine Milk Samples). Untreated Milk is still supplied to some private schools for canteen or other purposes, but in every case pasteurised milk is supplied under the "Milk in Schools Scheme."

The "Milk in Schools Scheme" was discontinued in Secondary Schools at the end of the Summer term.

### SUMMARY OF SAMPLES

Routine retail samples	...	...	...	...	4,048
Routine samples from schools and institutions	...				928
Bottle and churn examinations	...	...	...		615
Brucella examinations	...	...	...	...	1,827
Antibiotic examinations	...	...	...	...	315
Tuberculosis examinations	...	...	...		125
Cream samples	...	...	...	...	309
					—
Total				...	8,167
					—

## II. REPORT ON THE WORK CARRIED OUT BY ANIMAL HEALTH DIVISION, MINISTRY OF AGRICULTURE, FISHERIES AND FOOD, GLOUCESTER, DURING 1968

I am indebted to Mr. W. Simpson, B.Sc., M.R.C.V.S., Divisional Veterinary Officer, for this report.

### (a) Livestock (Census 4th June, 1968)

Cattle	...	...	...	215,017
Sheep	...	...	...	312,448
Pigs	...	...	...	116,239
Poultry	...	...	...	2,016,807



(b) *Notifiable Diseases*

Disease	1968		1967	
	Negative Reports Investigated	No. of Confirmed Cases	Negative Reports Investigated	No. of Confirmed Cases
Anthrax ... ..	181	4	215	21
Foot and Mouth Disease ... ..	9	—	13	8
Fowl Pest ... ..	2	1	11	2
Swine Fever ... ..	3	—	8	—
Tuberculosis ... ..	—	—	—	—

There has been a considerable decrease in the number of confirmed cases of Anthrax. In no case could the origin of the disease be positively attributed to imported feeding-stuffs.

(c) *Diseases of Animals (Waste Foods) Order, 1957*

There were 117 licences in force (including 30 licenced by Bristol C.B.C.).

The licensed premises were regularly visited by the Division's technical staff and advice given where necessary, or when requested.

(d) *Tuberculosis*

Cattle tested : 191,404  
Reactors : 232 and 28 contacts  
0.12% of all animals tested

While there appears to be some improvement, the number of animals found with lesions is still very high compared with other parts of the country. The number of herds where animals were found with lesions of tuberculosis on post mortem has dropped from over 70 to under 40. One badly infected herd was slaughtered out completely.

(e) *Tuberculosis Milk—Veterinary Investigations*

During the year no reports were received from Medical Officers of Health of tubercle bacilli being found in milk samples and no reactor, when slaughtered, was found to have lesions of T.B. of the udder on post mortem.

(f) *Milk and Dairies Regulations*

Number of herds at 31st December, 1968 :—

Dairy ... ..	1,692
Beef ... ..	1,387
Mixed ... ..	722
	—
	3,801
	—

Three thousand four hundred and thirty-seven had inspections carried out, 199,793 cattle clinically examined.

*(g) Free Calf Vaccination*

A high proportion of potential breeding stock are being vaccinated.

*(h) Brucella Abortus Infection in Milk*

Brucellosis is not a notifiable disease, and it is difficult to assess whether or not the disease is on the increase. There does seem to have been some increase, especially in those herds where numbers have suddenly increased by purchase, and where new herds have been established.

The response during the year to the Brucellosis (Accredited Herds) Scheme has been encouraging and sustained. At the end of the year, 35 herds were accredited and a further 71 were participating.

*(i) Salmonellosis in Cattle*

This infection appears to be on the increase, especially in the latter part of the year, and the northern part of the County. Evidence of disease seems to be mostly confined to young stock.

*(j) Poultry Health Scheme*

During the year, 112,265 birds were tested in 42 flocks. No reactor to the B.W.D. test was found.

Mareks Disease (Acute Avian Lymphomatosis) is still very prevalent and causing heavy losses both on the poultry farms and poultry slaughter establishments.

*(k) The Slaughterhouse (Hygiene) Regulations, 1958*

*The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958*

During the year, inspection of 32 licensed slaughterhouses and 3 knackeries were carried out in conjunction with the Public Health Inspectors.

*(l) Markets (Protection of Animals) Order, 1964*

*Markets (Protection of Animals) (Amendment) Order, 1965*

Periodic inspections of the seven livestock operating markets were carried out. These inspections were increased during the past Foot and Mouth outbreak period. There has been some improvement in the construction and maintenance of these markets during the year.

## SECTION F

### MISCELLANEOUS

#### 1. Registered Nursing Homes

At the end of the year there were 12 nursing homes registered in the County. These homes provide 184 beds for general cases.

#### 2. Food Hygiene

Routine inspections were made by the County Public Health Officers to ensure compliance with the Food Hygiene (General) Regulations at kitchens operated at schools and other County Council premises.



### **3. Gypsies**

I regret I still have to report that no permanent sites for these unfortunate people have yet been provided in Gloucestershire. Plans are, however, well advanced for two sites, and negotiations are in progress for a further three.

### **4. Diseases of Animals (Waste Foods) Order, 1957**

Waste Food licences were issued in respect of twelve new boiling plants during the year. Eleven licences were revoked, in two cases where the plants became unsuitable for the purpose, and in other cases where the equipment were no longer being used. At the end of the year there were 77 licences in force.

Visits were also made to a number of premises where waste food is used for animal feeding, but which were exempted from licencing because of the small number of animals kept.

### **5. School Swimming Pools**

Six new swimming pools were completed during the year, but due to the transfer of a school to a new site one pool was discontinued. The number of pools in use at the year end was thirty-six and preparations were in hand for a further three to be completed in the near future. Unfortunately, four pools still operate on the fill and empty system but the remainder are all provided with filtration and automatic chlorination systems. At pools constructed during the past five years, a minimum standard of filtration has been required which in every case has proved satisfactory. Some of the older pools can only ensure a satisfactory water by careful management. Proposals are in hand at one pool to fit a new filtration plant which will have twice the capacity of the present plant.

All pools were visited regularly by the Public Health Officers and field tests were carried out to determine the conditions of the pool water. In general, satisfactory conditions were found except at the "Fill and Empty" pools.

There is an increasing trend to extend the useful life of the pools by some form of heating, and eleven pools are now heated.

The Public Health Officers are available to advise on the provision and operation of school and other swimming pools.

## **SECTION G**

### **SCHOOL HEALTH SERVICE**

#### **1. School Medical Inspections**

Once again it was not possible to visit over 80 schools due to shortage of School Medical Officers. Difficulties continue in many schools in proper accommodation for the Medical Officer, and the lack of a Mobile Unit was again a major handicap.

#### **2. Hygiene of School Premises**

Medical Officers and, where necessary, the Public Health Officers, report on school sanitary conditions after School Medical Inspections. Items reported on adversely to the Chief Education Officer were dealt with according to priorities imposed by the stringent financial economies imposed on all sections of public spending. It is difficult to sanction necessary expenditure on school premises due to be closed down.

### **3. After-Care and Follow-up**

School leavers in need of help and guidance continued to receive after-care, and closer links were forged with the Youth Employment Service.

### **4. Sweep Test of Hearing**

Two hundred and ninety-six schools were visited by the Audiometrician to test the hearing of children in their sixth year. Out of 8,032 children tested, 451 were found to have a defect in one ear or both and were followed up by the School Medical Officers.

A further 2,113 tests were carried out, either as re-tests at the request of School Medical Officers, absentees from a previous visit or at the special request of Head teachers. Of these, 341 were confirmed as having a hearing defect.

### **5. Orthopaedic Services**

Although the vacancy for the fourth After-Care Sister could not be filled during the year, no child was left in need. The part-time Physiotherapist in the Forest area has admirably covered the work in that area. More sessions were spent with the Orthopaedic Surgeons in Hospital Clinics and fewer in clinics on local authority premises. Of 19 After-Care Sisters working with local authorities in England and Wales, 3 work in the County.

### **6. Speech Therapy**

Eight Speech Therapists now fill our complement, of whom 3 are part-time. The special Tynings Unit continued to be a great success.

### **7. Ophthalmic Services**

Long waiting lists remained at Chipping Sodbury, Soundwell, Thornbury, Stroud, Tewkesbury, Cheltenham and Gloucester Clinics. The attention of the Regional Hospital Board has been drawn to this deteriorating situation.

Because of these long waiting lists, more parents are tending to seek their own appointments with private opticians.

### **8. Home and Hospital Tuition**

Eighteen children were receiving Home Tuition at the end of the year. Eighteen children in Hospital Schools and 127 short stay patients in hospital received tuition during the year.

### **9. School Meals Service**

An increase of 572,000 meals were served during the year, to a new total of 13,100,000. 75.14% of children in school had the school meal. 77.32% of Secondary School children have the meal against 73.97% of the Primary School children.

The number receiving the meals free of charge increased from 6.03% to 12.98%.

The year closed with 318 self-contained canteens in use, with 84 dining centres and 7 central kitchens.

### **10. Illness in School**

Outbreaks of diarrhoea and vomiting occurred in two schools, whilst in a third many were affected by vague symptoms of back and chest with stomach pain. Investigations showed no association with the school meal. In the former cases, no explanation could be found but in the latter, it was considered due to a prevalent acute virus infection known to be in the area.

One case of active pulmonary tuberculosis was found in each of two schools. The usual investigations covering X-ray of chest and tuberculin testing of all contacts in each school were carried out. There were no contact cases.

# 11. Vaccination and Immunisation

Tables 1, 2, 3 and 4 on page 35 give the statistics.

Vaccination against measles was introduced in May, 1968, for children aged between 4 and 6 years, and was extended to include children aged between 1 and 4 years in August. Unfortunately, demands for protection were disappointing, mainly due to the lack of national publicity at the onset, coupled with a marked shortage of vaccine.

A new schedule of vaccination and immunisation was introduced during the year.

Heaf Testing and B.C.G. Vaccination of children at about 12 years of age continued. In the County as a whole, of 8,323 invitations sent, only 7,383 acceptances were received, giving an acceptance rate of 88.64%. This is not a matter for complacency.

# 12. Recuperative Holiday Homes

Thirty-five school children were sent on a recuperative holiday to Holiday Homes. The usual period was four weeks.

# 13. Employment of School Children

Two hundred and fifty-seven children were medically examined, of whom one was found unsuitable. This is a significant drop on the number of 352 so examined in 1965 and the reduction to date in these numbers has been noted each year.

# 14. Dental Report

The report of the Principal School Dental Officer is on page 20.

## Number of Schools and Children in attendance

COUNTY (excluding Cheltenham), January, 1969

					No. of Schools	No. on Registers
1.	Nursery	...	...	...	1	43
2.	Primary	...	...	...	317	48,755
3.	Secondary	...	...	...	54	27,664
4.	Special	...	...	...	8	623
					<hr/>	<hr/>
	Total	...	...		380	77,085
					<hr/>	<hr/>



## CHELTENHAM EXCEPTED DISTRICT

					No. of Schools	No. on Registers
1.	Primary	...	...	...	26	7,399
2.	Secondary	...	...	...	11	5,145
3.	Special	...	...	...	3	198
Total					40	12,742
GLOUCESTERSHIRE GRAND TOTAL					420	89,827

**REPORT OF SCHOOL HEALTH SERVICE FOR CHELTENHAM  
EXCEPTED DISTRICT, 1968**

DR. T. O. P. D. LAWSON, SCHOOL MEDICAL OFFICER

The staff of the Cheltenham School Health Service includes two School Doctors, three Dental Surgeons, a full-time Speech Therapist and two part-time Speech Therapists. During the year two of the three School Nurses retired, their work being taken over by Health Visitors.

In June, 1968, the School Clinic moved from Royal Well Road to new premises in St. George's Road.

### 1. Medical Inspection at the Schools

The routine medical inspection of school children has continued during 1968 and 3,695 children were examined throughout the year.

Children are examined :

- (a) on entry for the first time to a maintained school,
- (b) during the year in which they are eight years old, and
- (c) in the last year of their attendance at a secondary school.

In addition to these routine examinations children can be seen at any age by the School Doctor if requested by a parent, teacher or nurse.

Parents are invited to be present at these examinations and if defects are found the child is referred to the family doctor for treatment if required, or re-inspected at school at a later date in order to assess progress. Ophthalmic cases are referred direct to the Hospital Eye Clinics and direct referrals are also sometimes made to the Child Guidance Clinic and to the School Psychological Service.

### 2. Minor Ailment Clinics

The clinic is open on Monday and Friday afternoons for children suffering from minor injuries such as sprains and abrasions or other ailments, such as boils, warts and athlete's foot. Treatment is carried out by a School Nurse or Health Visitor under the supervision of a School Doctor. During the school holidays minor ailments clinics continue to be held on the usual days.

During term time additional clinics are held weekly at Whaddon, Elmfield, Oakley and St. Paul's Schools.

### **3. Enuresis Clinic**

The facilities offered by the Enuresis Clinic are more and more in demand. It is appreciated by the General Practitioners in the town, from whom most of the cases are referred. One of the local Consultant Surgeons has offered to see cases referred to him from the clinic when necessary.

### **4. Prevention of Tuberculosis**

B.C.G. vaccination against tuberculosis has now become a popular preventive measure with parents. It is offered to all children of thirteen years and over. The acceptance rate for 1968 was 72%.

### **5. Ascertainment of Handicapped Children**

Children who are failing to make satisfactory progress in ordinary schools are referred by their Head Teacher for investigation and assessment. Those children who are considered to be handicapped are reported to the Education Committee and recommended for transfer to an appropriate special school or Training Centre.

We have excellent co-operation with the special schools and centres in Cheltenham and many individual cases are discussed with the Head Teachers before a final decision is made. This co-operation on an informal basis is a great help to the School Medical Officers and is in the best interests of the children concerned. During the year a Day School for maladjusted pupils was opened in the Borough.

### **6. School Dental Service**

Miss K. D. Owen, B.D.S., was appointed Dental Officer in February. Miss M. H. Fahey, B.A.D.A., was appointed Dental Auxiliary in September. This post has now superseded that of Dental Hygienist. In June the Dental Department was transferred from their old premises in Royal Well to the new County Offices in St. George's Road.

In May most of the primary schools had a visit from Pierre, the Clown, who gave the children advice about their diet and distributed free apples. The use of the mobile dental clinics is being extended and these will now be used at all the large primary schools.

### **7. Diphtheria and Tetanus Immunisation**

Immunisation is always discussed as a part of the routine school medical examination and parents are urged to accept the necessary booster injections for their children. Occasionally children are found who have missed, or failed to complete, the primary course for one reason or another and arrangements are then made for a full course of injections to be given.

### **8. Poliomyelitis Vaccination**

Booster doses of oral poliomyelitis vaccine are offered to all children soon after they commence school. If for any reason the primary course has not been completed or has been missed, a full course of vaccine is offered.

### **9. Orthopaedic Defects**

A physiotherapy clinic is available as part of the School Health Service. The majority of children who are referred to the clinic have either postural or foot defects and are followed up by a School Medical Officer after treatment. Ultra-violet light therapy is also available and is of most help during the winter months.



### 10. Speech Defects

Regular speech therapy sessions are held at the School Clinic and in various schools throughout the town.

### 11. Audiometry in Schools

The policy of testing the hearing of all school children who have reached the age of six years has continued in the Borough throughout the year. Testing is carried out by a qualified audiometrician using a portable audiometer and, when necessary, cases are followed up, being referred to their family doctors or to hospital as required.

An audiometry clinic is held at the School Clinic during most school holidays when the children are seen by the Audiometrician and the School Medical Officer. Children may be referred to this clinic by teachers, general practitioners or the School Doctors if a hearing loss is suspected.

### 12. Health Education in Schools

During the year the Health Visitors gave eighty talks on parentcraft in secondary modern schools.

## STATISTICAL TABLES

*Table 1—Educational Subnormality*

Year	Total No. of Examina- tions	Recommendation from Examination					For Care and Guidance after leaving School
		Resi- dential Special School	Day Special School	S.E.T. in Or- dinary School	Normal (Ordin- ary School)	Un- suitable for Education	
1961	417	33	115	179	28	18	44
1962	382	49	97	134	22	21	59
1963	347	35	108	102	27	17	58
1964	306	28	113	74	17	16	58
1965	341	28	117	66	22	18	90
1966	357	32	109	78	30	19	89
1967	374	32	152	71	24	15	80
1968	286	36	105	57	11	18	59

In addition, 26 children were investigated and considered not to require care or guidance after leaving school. At the end of the year, 94 children were awaiting investigation.

Two decisions were cancelled under S.57A (2).

Thirty-eight children were examined and referred to the local health authority without formal action.



Table 2—Children Requiring Education at Special Schools

	Newly Assessed	Placed in Year	At end of year			
			Requiring Places		Attending	
			Day	Boarding	Day	Boarding
1. Blind ... ..	3	—	—	6	—	6
2. Partially Sighted ... ..	5	3	—	3	4	11
3. Deaf ... ..	—	—	—	3	5	4
4. Partially Hearing ... ..	2	1	1	1	3	7
5. Physically Handicapped ... ..	14	8	3	—	29	42
6. Delicate ... ..	16	7	—	—	8	24
7. Maladjusted ... ..	49	44	2	32	44	58
8. E.S.N. ... ..	179	132	178	30	392	391
9. Epileptic ... ..	2	2	—	—	—	4
10. Speech Defects ... ..	—	—	—	—	—	1
Total ... ..	270	197	184	75	485	548

In addition, one child was in a hostel.

Table 3—Infectious Diseases

Children reported by head teachers as suffering from infectious diseases

Disease	1968	1967	1966
Scarlet Fever ... ..	39	82	107
Diphtheria ... ..	—	—	—
Measles ... ..	1,067	1,417	1,729
German Measles ... ..	1,192	1,012	169
Whooping Cough ... ..	69	81	74
Mumps ... ..	410	1,717	995
Chicken Pox ... ..	1,451	1,733	1,149
Tuberculosis ... ..	—	1	—
Ringworm ... ..	9	5	2
Impetigo ... ..	17	27	24
Scabies ... ..	6	6	14
Others (Colds, etc.) ... ..	451	538	6,640
Total ... ..	4,711	6,619	10,903

# MEDICAL INSPECTION AND TREATMENT

## PART 1.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

*Table A—Periodic Medical Inspections*

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examina- tion	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examinat'n (see Note)	Pupils found to require treatm't (excluding dental diseases and infestation with vermin)		
		Satis- factory  No.	Unsatis- factory  No.		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 and later	1	1	—	—	—	1	1
1963	4,802	4,797	5	—	157	307	394
1962	4,363	4,358	5	—	138	306	391
1961	855	854	1	—	37	63	85
1960	1,229	1,227	2	—	93	97	178
1959	115	115	—	—	11	8	17
1958	54	54	—	—	5	7	11
1957	36	36	—	—	3	4	7
1956	756	756	—	430	99	85	168
1955	1,927	1,927	—	1,272	185	145	310
1954	1,366	1,365	1	560	141	95	220
1953 and earlier	474	474	—	10	103	20	120
Total	15,978	15,964	14	2,272	972	1,138	1,902

Column (3) total as a percentage of Column (2) total 99.91%.

Column (4) total as a percentage of Column (2) total 0.09%.

NOTE. Column 5 records those children whose medical records were considered and found not to warrant a Medical Examination.



Table B—Other Inspections

Number of Special Inspections	...	...	...	1,959
Number of Re-inspections	...	...	...	15,574
Total	...	...	...	17,533

Table C—Infestation with Vermin

NOTE. All cases of infestation, however slight, are included. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	...	...	53,854
(b)	Total number of individual pupils found to be infested	...	...	...	...	...	...	...	350
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	...	...	...	137
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	...	...	...	—

## PART 2.—DEFECTS FOUND BY MEDICAL INSPECTIONS DURING THE YEAR

NOTE. All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)						Periodic Inspections				Special Inspection
							Entrants	Leavers	Others	Total	
4	Skin	...	...	...	...	T	51	6	32	89	11
						O	343	10	106	465	63
5	Eyes	(a)	Vision	...	...	T	441	149	482	972	234
						O	958	27	715	1,700	357
		(b)	Squint	...	...	T	173	4	36	213	25
						O	240	3	36	279	25
		(c)	Other	...	...	T	20	2	9	31	5
						O	68	6	27	101	8
6	Ears	(a)	Hearing	...	...	T	104	1	39	144	42
						O	1,116	11	236	1,363	106
		(b)	Otitis Media	...	...	T	35	2	11	48	9
						O	366	2	37	405	40
		(c)	Other	...	...	T	6	—	1	7	—
						O	54	2	7	63	7

Defect Code No. (1)	Defect or Disease (2)					Periodic Inspections				Special Inspection
						Entrants	Leavers	Others	Total	
7	Nose and Throat ... ..	T	O			121	2	16	139	15
						1,149	7	230	1,386	88
8	Speech ... ..	T	O			63	—	9	72	10
						258	1	36	295	49
9	Lymphatic Glands ... ..	T	O			19	—	—	19	2
						365	3	57	425	22
10	Heart ... ..	T	O			12	1	2	15	3
						459	11	61	531	30
11	Lungs ... ..	T	O			15	—	18	33	4
						335	10	129	474	44
12	Developmental (a) Hernia ...	T				13	1	4	18	1
		O				70	—	11	81	12
		T				37	3	12	2	13
		O				571	20	90	681	49
13	Orthopaedic (a) Posture ...	T				10	9	13	32	12
		O				70	22	43	135	36
		T				77	6	29	112	12
		O				342	10	68	420	47
		T				30	3	13	46	8
		O				187	14	46	247	44
14	Nervous System (a) Epilepsy ...	T				8	1	6	15	22
		O				37	—	22	59	22
		T				1	2	4	7	7
		O				80	6	41	127	41
15	Psychological (a) Development	T				16	1	134	151	541
		O				267	3	167	437	39
		T				25	4	80	109	97
		O				516	5	178	689	77
16	Abdomen ... ..	T				4	1	4	9	3
		O				80	4	48	132	18
17	Other ... ..	T				24	—	14	38	19
		O				288	3	257	558	140

## PART 3.—TREATMENT OF PUPILS

*Table A—Eye Diseases, Defective Vision and Squint*

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	55
Errors of refraction (including squint) ... ..	3,970
Total ... ..	4,025
Number of pupils for whom spectacles were prescribed ... ..	1,660

*Table B—Diseases and Defects of Ear, Nose and Throat*

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	41
(b) for adenoids and chronic tonsilitis ... ..	960
(c) for other nose and throat conditions ... ..	94
Received other forms of treatment ... ..	110
Total ... ..	1,205
Total number of pupils still on the register of schools at 31st December, 1968, known to have been provided with hearing aids—	
(a) during the calendar year 1968 ... ..	39
(b) in previous years ... ..	170

*Table C—Orthopaedic and Postural Defects*

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments ... ..	1,578
(b) Pupils treated at school for postural defects ... ..	—
Total ... ..	1,578





## PART IV—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(a) SCHOOLS

## 1. ATTENDANCES AND TREATMENT

ATTENDANCES AND TREATMENT								Ages 5 - 9	Ages 10 - 14	Ages 15 & over	Total
First Visit	...	...	...	...	...	...	13,129	8,905	1,577	23,611	
Subsequent Visits	...	...	...	...	...	...	13,307	18,120	2,622	34,049	
Total Visits	...	...	...	...	...	...	27,518	27,768	4,333	59,619	
Additional courses of treatment commenced						...	1,082	743	134	1,959	
Fillings in permanent teeth	...	...	...	...	...	...	13,324	21,466	4,783	39,573	
Fillings in deciduous teeth	...	...	...	...	...	...	16,751	938	—	17,689	
Permanent teeth filled	...	...	...	...	...	...	10,301	17,898	4,255	32,454	
Deciduous teeth filled	...	...	...	...	...	...	15,183	868	—	16,051	
Permanent teeth extracted	...	...	...	...	...	...	374	2,111	392	2,877	
Deciduous teeth extracted	...	...	...	...	...	...	7,668	2,105	—	9,773	
General anaesthetics	...	...	...	...	...	...	2,293	656	52	3,001	
Emergencies	...	...	...	...	...	...	880	387	94	1,361	

[illegible]

## 2. ORTHODONTICS

Cases remaining from previous year	...	...	...	...	...	...	...	863
New cases commenced during year	...	...	...	...	...	...	...	663
Cases completed during year	...	...	...	...	...	...	...	452
Cases discontinued during year	...	...	...	...	...	...	...	56
No. of removable appliances fitted ...	...	...	...	...	...	...	...	1,100
No. of fixed appliances fitted	...	...	...	...	...	...	...	28
Pupils referred to Hospital Consultant	...	...	...	...	...	...	...	—

### 3. PROSTHETICS

					Ages	Ages	Ages	
PROSTHETICS					5 - 9	10 - 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	...	...	...	...	—	—	—	—
Pupils supplied with other dentures (first time)	...	...	...	...	2	40	16	58
Number of dentures supplied	...	...	...	...	—	14	6	20

#### 4. ANAESTHETICS

General Anaesthetics administered by Dental Officers	...	...	...	...	...	...	340
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## 5. INSPECTIONS

(a)	First inspection at school. Number of pupils	...	...	...	...	...	63,306
(b)	First inspection at clinic. Number of pupils	...	...	...	...	...	5,002
	Number of (a) (b) found to require treatment	...	...	...	...	...	49,519
	Number of (a) (b) offered treatment	...	...	...	...	...	39,209
(c)	Pupils re-inspected at school or clinic	...	...	...	...	...	6,555
	Number of (c) found to require treatment	...	...	...	...	...	4,475

## 6. SESSIONS

[illegible]

(b) EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

## PART A. ATTENDANCES AND TREATMENT

T A. ATTENDANCES AND TREATMENT									Children	Expectant and Nursing
									0-4 (incl.)	Mothers
<i>Number of Visits for Treatment during year</i>										
First Visit	...	...	...	...	...	...	...	...	1,009	163
Subsequent Visits		...	...	...	...	...	...	...	1,359	335
Total Visits	...	...	...	...	...	...	...	...	2,368	498
Number of Additional Courses of Treatment other than the First										
Course commenced during year	...	...	...	...	...	...	...	...	98	4
Treatment provided during the year—Number of Fillings									2,303	310
Teeth Filled	...	...	...	...	...	...	...	...	1,978	283
Teeth Extracted	...	...	...	...	...	...	...	...	886	227
General Anaesthetics given		...	...	...	...	...	...	...	308	16
Emergency Visits by Patients			...	...	...	...	...	...	161	16
Patients X-rayed	...	...	...	...	...	...	...	...	9	19
Patients Treated by Scaling and/or Removal of Stains from the teeth										
(Prophylaxis)	...	...	...	...	...	...	...	...	99	75
Teeth Otherwise Conserved		...	...	...	...	...	...	...	111	—
Teeth Root Filled	...	...	...	...	...	...	...	...	—	2
Inlays	...	...	...	...	...	...	...	...	—	1
Crowns	...	...	...	...	...	...	...	...	—	1
Number of Courses of Treatment Completed during the year									948	124

## PART B. PROSTHETICS

Patients Supplied with F.U. or F.L. (First Time)	...	...	...	...	...	...	...	19
Patients Supplied with Other Dentures	...	...	...	...	...	...	...	18
Number of Dentures Supplied	...	...	...	...	...	...	...	37

## PART C. ANAESTHETICS

General Anaesthetics Administered by Dental Officers	...	...	...	...	...	76
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## PART D. INSPECTIONS

			Children	Expectant and Nursing
T D. INSPECTIONS			0-4 (incl.)	Mothers
Number of Patients given First Inspections during Year	...	...	A 1,583	D 176
Number of Patients in A and D who required Treatment	...	...	B 1,087	E 165
Number of Patients in B and E who were offered Treatment	...	...	C 1,087	F 165

## PART E. SESSIONS

[illegible]



## SCHOOL CLINICS

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Berkeley ... ..	Hospital ... ..	E, O
Bishop's Cleeve ...	Tythe Barn ... ..	O
Bourton-on-the-Water	County Clinic, Station Road ... ..	D, O, S
	Moor Cottage Hospital ... ..	E
Cadbury Heath ...	Earlstone Crescent ... ..	D
Cheltenham ... ..	County Offices, St. George's Road ... ..	D, O, S
	33 St. Luke's Road ... ..	CG
	Health Centre, Hesters Way ... ..	O
Chipping Sodbury ...	Ridgewood ... ..	D, E, O
Churchdown ... ..	County Dental Clinic, Albemarle Road ... ..	D
Cinderford ... ..	Dockham Road ... ..	E, O, S, D
	Dilke Hospital ... ..	O
Cirencester ... ..	Watermoor Road ... ..	CG, D, S
	Memorial Hospital ... ..	E
Coleford ... ..	County Clinic, High Nash ... ..	D, E, O, S
Downend ... ..	Buckingham Gardens ... ..	CG, D, S, O
Dursley ... ..	The Sandpits ... ..	D, E, O, S, CG
Filton ... ..	Shields Avenue, Bristol, 7 ... ..	D, E, O, S
Gloucester ... ..	Quayside Wing, Shire Hall ... ..	D, M, O, S
Kingswood ... ..	High Street ... ..	D
Lydney ... ..	Church Road ... ..	D
	Forest Road ... ..	S
	District Hospital ... ..	E, O
Moreton-in-Marsh ...	T.A. Site ... ..	D, S
	District Hospital ... ..	E
Newent ... ..	County Clinic, West Block, Newent School ... ..	O, S
Patchway ... ..	Rodway Road ... ..	CG, D
Soundwell ... ..	Soundwell Road, Kingswood ... ..	E, M, O
Stroud ... ..	9 John Street ... ..	D
	Old Town Hall, The Shambles ... ..	CG, M, S, O
	Hospital ... ..	E, O
Tetbury ... ..	District Hospital ... ..	S
	County Dental Clinic, The Close ... ..	D
Tewkesbury ... ..	Old Grammar School (County Clinic) ... ..	O, S, D, CG
	Hospital ... ..	E, O
Thornbury ... ..	Hospital ... ..	O
	Health Centre ... ..	D, E, O, S
Winchcombe ... ..	County Dental Clinic ... ..	D, S, O
Winterbourne	County Clinic (County School) ... ..	E, O
(Hambrook) ...		
Wotton-under-Edge ...	Sym Lane ... ..	D, E, O, CG
Cheltenham Excepted District ... ..	County Offices, St. George's Road ... ..	D, M, S

## Index to Services :

CG	...	Child Guidance	S	...	Speech
E	...	Eye	D	...	Dental
M	...	Minor Ailments	O	...	Orthopaedic



1968

TABLE I—BIRTHS AND DEATHS

Districts	Estimated Population	BIRTHS								DEATHS														
		Live Births				Still Births				Total		Under 1 year			Inf. Mort. Rate per 1,000 Live Births	Under 4 weeks				Under 1 week				
		Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.	Illeg.	Total	S.B. Rate per 1,000 Total Births	No.	Rate per 1,000 Pop.	Leg.	Illeg.	Total		Leg.	Illeg.	Total	Rate per 1,000 Live Births	Leg.	Illeg.	Total	Rate per 1,000 Live Births	
Urban																								
Charlton Kings	9,990	126	9	135	13.5	1	—	1	7	119	11.9	4	—	4	30	3	—	3	22	2	—	2	15	
Cheltenham M.B.	76,020	1,110	145	1,255	16.5	8	3	11	9	918	12.1	17	3	20	16	8	3	11	9	6	3	9	7	
Cirencester	12,980	171	15	186	14.3	2	1	3	16	168	12.9	4	—	4	22	3	—	3	16	2	—	2	11	
Kingswood	29,170	564	14	578	19.8	4	1	5	9	255	8.7	6	—	6	10	4	—	4	7	4	—	4	7	
Mangotsfield	23,570	342	21	363	15.4	5	1	6	16	226	9.6	7	—	7	19	3	—	3	8	2	—	2	5	
Nailsworth	3,900	50	2	52	13.3	1	—	1	19	48	12.3	3	—	3	58	1	—	1	19	1	—	1	19	
Stroud	18,960	309	24	333	17.6	3	—	3	9	222	11.7	5	—	5	15	4	—	4	12	4	—	4	12	
Tewkesbury M.B.	8,610	159	20	179	20.8	3	—	3	16	91	10.6	—	1	1	6	—	1	1	6	—	1	1	6	
TOTAL U.D.	183,200	2,831	250	3,081	16.8	27	6	33	11	2,047	11.2	46	4	50	16	26	4	30	10	21	4	25	8	
Rural																								
Cheltenham	41,430	671	25	696	16.8	4	—	4	6	354	8.5	3	—	3	4	2	—	2	3	2	—	2	3	
Cirencester	16,050	248	10	258	16.1	4	—	4	15	139	8.7	1	—	1	4	1	—	1	4	1	—	1	4	
Dursley	20,450	352	14	366	17.9	3	1	4	11	251	12.3	2	—	2	5	1	—	1	3	1	—	1	3	
East Dean	21,130	323	25	348	16.5	6	1	7	20	261	12.4	9	—	9	26	8	—	8	23	6	—	6	17	
Gloucester	37,600	616	46	662	17.6	8	2	10	15	428	11.4	10	—	10	15	8	—	8	12	6	—	6	9	
Lydney	14,440	194	12	206	14.3	1	—	1	5	149	10.3	3	—	3	15	1	—	1	5	1	—	1	5	
Newent	9,680	129	4	133	13.7	3	—	3	22	91	9.4	2	—	2	15	1	—	1	8	1	—	1	8	
North Cotswold	21,080	289	16	305	14.5	8	1	9	29	231	11.0	2	—	2	7	1	—	1	3	1	—	1	3	
Northleach	7,790	90	3	93	11.9	1	—	1	11	102	13.1	2	—	2	22	—	—	—	—	—	—	—	—	
Sodbury	61,600	1,275	36	1,311	21.3	16	—	16	12	477	7.7	21	1	22	17	18	1	19	14	15	1	16	12	
Stroud	30,290	484	39	523	17.3	4	—	4	8	335	11.1	5	—	5	10	2	—	2	4	2	—	2	4	
Tetbury	7,060	124	9	133	18.8	2	—	2	15	83	11.8	—	—	—	—	—	—	—	—	—	—	—	—	
Thornbury	39,880	795	50	845	21.2	10	—	10	12	362	9.1	15	—	15	18	11	—	11	13	10	—	10	12	
Warmley	23,810	361	12	373	15.7	4	—	4	11	179	7.5	6	—	6	16	6	—	6	16	6	—	6	16	
West Dean	17,670	289	6	295	16.7	3	—	3	10	266	15.1	8	—	8	27	6	—	6	20	5	—	5	17	
TOTAL R.D.	369,960	6,240	307	6,547	17.7	77	5	82	12	3,708	10.0	89	1	90	14	66	1	67	10	57	1	58	9	
County Totals	553,160	9,071	557	9,628	17.4	104	11	115	12	5,755	10.4	135	5	140	15	92	5	97	10	78	5	83	9	

The rates shown are the crude rates.







1968

TABLE II—SUMMARY OF INFECTIOUS DISEASE

Districts	Scarlet Fever	Whooping Cough	Measles	Acute Pneumonia	Dysentery	Acute Encephalitis I.	PL. Lethargica	Para-Typhoid Fever	Erysipelas	Acute Meningitis	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Tuberculosis Pulmonary	Tuberculosis Other	Infectious Jaundice	Tetanus	Malaria
<b>Urban</b>																		
Charlton Kings ...	—	—	27	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—
Cheltenham M.B. ...	1	22	372	—	1	1	—	—	—	1	13	5	—	10	2	4	—	1
Cirencester ...	4	10	136	1	—	—	—	—	—	—	—	3	—	—	—	—	—	—
Kingswood ...	4	7	120	—	2	—	—	—	1	—	—	1	—	4	1	1	—	—
Mangotsfield ...	3	18	195	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—
Nailsworth ...	—	5	14	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stroud ...	4	2	183	3	—	1	—	—	—	—	—	—	—	2	1	2	—	—
Tewkesbury ...	4	12	179	—	—	—	—	—	—	—	—	1	—	—	—	3	—	—
TOTALS U.D. ...	20	76	1,226	9	3	2	—	—	1	1	14	11	—	19	5	10	—	1
<b>Rural</b>																		
Cheltenham ...	5	6	512	5	—	—	—	—	3	—	2	2	—	3	—	11	—	—
Cirencester ...	5	8	105	1	—	—	—	—	—	—	1	—	—	2	1	1	—	—
Dursley ...	—	6	12	1	—	—	—	—	—	—	—	—	—	3	—	3	—	—
East Dean ...	10	3	156	—	—	—	—	—	—	—	—	2	—	3	—	5	—	—
Gloucester ...	12	26	493	7	—	—	—	—	5	—	—	—	—	3	1	12	—	—
Lydney ...	10	—	28	1	—	—	—	—	—	—	—	—	—	3	—	2	—	—
Newent ...	—	4	91	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—
North Cotswolds ...	—	4	43	—	1	—	—	—	2	—	—	—	—	3	—	11	—	—
Northleach ...	1	1	67	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Sodbury ...	10	30	294	4	6	—	—	—	1	1	1	—	—	3	1	5	—	—
Stroud ...	1	9	165	2	—	—	—	—	—	—	—	2	—	3	—	2	—	—
Tetbury ...	—	10	130	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Thornbury ...	3	6	297	1	16	—	—	—	1	—	1	—	—	2	2	13	—	—
Warmley ...	9	23	199	—	2	—	—	—	—	—	—	—	—	7	2	6	—	—
West Dean ...	8	—	64	—	—	—	—	—	—	—	—	—	—	3	—	2	—	—
TOTALS R.D. ...	74	136	2,656	22	25	—	—	—	13	1	7	6	—	39	8	75	—	—
County Totals ...	94	212	3,882	31	28	2	—	—	14	2	21	17	—	58	13	85	—	1



TABLE III—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Causes of Death				Total all ages	Under 4 weeks	4 weeks and under 1 year	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 and over
B	Enteritis and other Diarrhoeal Diseases ... ..	3	—	1	—	—	—	—	—	—	—	—	2	—	—
5	Tuberculosis of Respiratory System ... ..	12	—	—	—	—	—	—	—	—	2	2	2	5	1
6	Other Tuberculosis, including late effects ... ..	13	—	—	—	—	—	—	—	—	1	1	1	5	5
9	Whooping Cough ... ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—
10	Streptococcal Sore Throat, Scarlet Fever ... ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—
11	Meningococcal Infection ... ..	1	—	—	1	—	—	—	—	—	—	—	—	—	—
14	Measles ... ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—
17	Syphilis and its sequelae ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	1
18	Other Infective and Parasitic Diseases ... ..	12	1	1	—	1	2	1	1	—	—	—	—	2	3
19	(1) Malignant Neoplasm—Stomach ... ..	106	—	—	—	—	—	—	—	2	10	18	42	34	45
19	(2) Malignant Neoplasm—Lung, Bronchus ... ..	264	—	—	—	—	—	1	2	29	93	94	15	25	15
19	(3) Malignant Neoplasm—Breast ... ..	93	—	—	—	—	—	1	6	18	28	14	10	2	5
19	(4) Malignant Neoplasm—Uterus ... ..	55	—	—	—	—	—	—	3	13	6	10	2	5	5
19	(5) Leukaemia ... ..	35	—	—	5	2	—	2	3	6	10	154	175	2	2
19	(6) Other Malignant Neoplasms, etc. ... ..	557	—	1	1	—	7	12	25	43	139	154	175	2	2
20	Benign and Unspecified Neoplasms ... ..	6	—	—	—	—	—	1	1	1	5	18	17	1	1
21	Diabetes Mellitus ... ..	45	—	—	—	—	—	2	—	3	1	1	4	5	5
22	Avitaminoses, etc. ... ..	3	—	—	—	—	—	—	—	1	1	—	1	1	1
46	(1) Other Endocrine, etc., Diseases ... ..	12	1	—	—	—	—	—	1	1	—	4	5	1	1
23	Anaemias ... ..	18	—	—	—	—	1	1	—	2	—	3	11	2	2
46	(3) Mental Disorders ... ..	7	—	—	—	—	—	—	1	—	—	3	—	—	—
24	Meningitis ... ..	5	—	3	1	1	—	—	—	—	—	—	—	—	—
46	(4) Other Diseases of Nervous System, etc. ... ..	51	—	1	1	1	3	1	2	6	9	9	18	—	—
25	Active Rheumatic Fever ... ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—
26	Chronic Rheumatic Heart Disease ... ..	64	—	—	—	—	—	2	5	9	15	16	17	44	44
27	Hypertensive Disease ... ..	101	1	—	—	—	—	—	—	2	25	29	691	251	507
28	Ischaemic Heart Disease ... ..	1,499	—	—	—	—	—	2	35	92	254	425	691	251	507
29	Other forms of Heart Disease ... ..	366	—	—	—	—	—	1	2	5	25	82	507	133	35
30	Cerebrovascular Disease ... ..	836	—	—	1	—	—	3	13	38	78	196	507	133	35
46	(5) Other Diseases of Circulatory System ... ..	217	—	—	—	—	—	1	2	10	23	48	103	3	3
31	Influenza ... ..	44	—	—	—	—	—	—	—	1	2	6	35	—	—
32	Pneumonia ... ..	384	2	6	—	4	1	—	6	9	23	74	259	103	3
33	(1) Bronchitis and Emphysema ... ..	244	—	—	2	—	—	—	1	5	43	90	103	3	3
33	(2) Asthma ... ..	22	—	—	—	1	1	—	3	2	7	5	31	19	1
46	(6) Other Diseases of Respiratory System ... ..	63	—	8	6	1	—	—	1	4	3	9	19	1	1
34	Peptic Ulcer ... ..	35	—	—	—	—	—	—	—	1	5	1	0	1	1
35	Appendicitis ... ..	7	—	—	1	—	1	—	—	—	2	2	1	1	1
36	Intestinal Obstruction and Hernia ... ..	28	3	1	—	—	—	—	—	1	2	8	13	2	2
37	Cirrhosis of Liver ... ..	18	—	—	—	—	—	—	—	3	3	10	2	2	2
46	(7) Other Diseases of Digestive System ... ..	49	—	—	—	1	—	—	2	6	12	8	20	7	7
38	Nephritis and Nephrosis ... ..	25	—	—	—	1	4	1	1	2	5	4	11	19	19
39	Hyperplasia of Prostate ... ..	15	—	—	—	—	—	—	—	—	—	4	11	19	19
46	(8) Other Diseases, Genito-Urinary System ... ..	38	—	1	—	—	1	—	2	2	4	9	—	—	—
41	Other complications of Pregnancy, etc. ... ..	2	—	—	—	—	—	2	—	—	—	—	—	—	—
46	(10) Diseases of Musculo-Skeletal System ... ..	22	—	—	—	—	—	—	1	1	3	3	14	1	1
42	Congenital Anomalies ... ..	54	18	7	8	4	4	3	3	3	—	3	1	—	—
43	Birth Injury, Difficult Labour, etc. ... ..	45	44	1	—	—	—	—	—	—	—	—	—	—	—
44	Other causes of Perinatal Mortality ... ..	25	25	—	—	—	—	—	—	—	—	—	—	—	—
45	Symptoms and ill-defined conditions ... ..	26	—	—	1	—	—	—	—	—	—	—	—	—	—
E47	Motor Vehicle Accidents ... ..	77	—	1	2	8	20	6	3	11	10	9	7	30	5
E48	All other Accidents ... ..	87	2	9	6	3	4	5	5	5	15	6	5	2	2
E49	Suicide and Self-Inflicted Injuries ... ..	46	—	—	—	—	1	6	8	12	8	6	5	2	2
E50	All other External Causes ... ..	13	—	—	1	—	1	—	—	—	—	—	—	—	—
Total all causes ... ..				5,755	97	43	37	28	52	54	145	361	885	1,439	2,614











